



Byhalia High School

Office of the Counselor

Tina A. Kimmons- School Counselor

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BHS Current Student Transcript Request

Student Information

Name: _____ Year of Graduation: _____

D.O.B: Month _____ Day _____ Year _____

Current Address: _____

Please provide the name and address of the schools(s) where you would like to have your current transcript sent:

Name of Institution: _____

Attention to: _____

Address: _____

Name of Institution : _____

Attention to: _____

Address: _____

I, the undersigned, am requesting that my current transcript be sent to the schools listed above. I further understand that my personal and confidential information will be included with that transcript.

Student Signature: _____ **Date:** _____