



BYHALIA HIGH SCHOOL
278 Hwy 309 North • Byhalia, MS • 38611
662.838.2206 (ph) • 662.838-4206 (fax) • 662.838.2218 (fax)

Transcript Request

NAME: _____
LAST FIRST MI MAIDEN

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION:

- ☐ I attended Byhalia High School during the year (s) _____ through _____ or Graduated in the year _____
- ☐ Social Security numbers (last four numbers) ***-**-_____
- ☐ Date of Birth (mm/dd/yyyy) ____/____/____
- ☐ I have also enclosed a copy of my photo id & a processing fee of \$5.00 (money order).

TRANSCRIPT REQUEST (PLEASE CHECK ONE): ☐ OFFICIAL ☐ UNOFFICIAL (STUDENT COPY/FAX COPY)

INSTITUTION OR ORGANIZATION	INSTITUTION OR ORGANIZATION
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
FAX No: () - - - - -	FAX No: () - - - - -
To the Attention of: _____	To the Attention of: _____

Please allow 3 business days to complete transcript processing.

I hereby authorize Byhalia High School to release my transcript to the institution(s) or organization(s) listed above.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Date Mailed: _____

Date Faxed: _____

5.00