

Billingsley High School

2446 County Road 77
Billingsley, Alabama 36006

Telephone: (205) 755 – 1629

Fax: (205) 755-1633

Guidance Office

Melissa Bishop
Secondary Counselor

Transcript Request Form for the Graduate Years of 2010 or Previous

Check one: E-Mail Fax Mail or Student/Parent Pick-up
(Circle one)

Student Name _____ Social Security # _____

Graduating Year _____ OR Check for Non-Graduate _____ PH# _____

***Must provide a copy of your picture ID or driver's license.**

***Processing of transcripts may take up to 5 business days.**

College, Tech Center, or Employer Name and Address:

Student Signature _____ Date of Request _____

Cost Per Transcript (**\$5.00**): Cash OR Check # _____ Received by _____

Date Sent/Picked Up _____ Ms. Bishop _____