## BOONVILLE R-I SCHOOL DISTRICT 736 MAIN STREET BOONVILLE, MISSOURI 65233

Phone: 660.882.7474 Fax: 660.882.5721

## OFFICIAL HIGH SCHOOL TRANSCRIPT REQUEST FORM

Name student used	while in school (e.g. ma	iden name of a f	female student):	
Last	First		Middle	
Date of birth (MM/	DD/YYYY):			
Last year in attend	ance: Dic	d you graduate?		
	ere TRANSCRIPT is to be	e mailed:		
Email address where	TRANSCRIPT is to be en	mailed:		
Fax number where <b>T</b>	RANSCRIPT is to be faxe	əd:		
Phone number whe	re you can be reached: _			
Student Signatur	e (current name used)	)	Date	_
For transcripts retu Boonville R-I : Attention: Tra	School District			

Boonville R-I School District Attention: Transcripts 736 Main Street Boonville, MO 65233 Fax 660-882-5721 OR

Email to: transcripts@bpsk12.net