

Bayshore Christian School

Transcript Request Form

Student's Full Name:	Today's Date:	_Graduation Yr.
Common App?	Previous School Check here if attended another school in Hi	igh School

Please submit this form to the Guidance Office at least two weeks prior to the college's postmark deadline. It is to your benefit to submit this form early.

Request For Official Transcript To Be Sent To

Print name of university, college, or other institution	University's or Institution's email address	
University's or Institution's address, City, State, Zip code		
Please check one of the following for trans	cript submission:ElectronicMail	
Postmark Deadline:	(leave blank if applying under Rolling Admission)	
I am applying under the following admissions program: (Early Action (non-binding) Early Decision (binding) I understand that if SAT/ACT scores are required, I official scores be sent.	Check one) Regular Decision Rolling Admission I must contact the testing agency directly to request that my	
Signature:		
Bayshore Office Use Only Transcript Request Received Date: Submitted viaeDocsMail	Transcript Submitted Date:	