

Transcript Request Form

Troy Buchanan High School
1190 Old Cap Au Gris
Troy, MO 63379

(PLEASE ALLOW 1 WEEK)

Please email requests to plochc@troy.k12.mo.us and include the information on this form or fax this form to TBHS Guidance Office: 636-462-5169

Name at time of graduation (Last, First, MI) : _____

Date of Birth: _____ Year of Graduation: _____ Phone Number: _____

Signature: _____

Parent/Guardian Signature (if under 18years old): _____

Please check one:

Unofficial (student copy) former student will be responsible for picking up in the Guidance Office (will hold for 48 hours) or can be emailed if you provide an email address: _____

Official copy all official transcripts need to be mailed from TBHS. (Please provide addresses to out of state colleges or places of employment.)

I Authorize TBHS to release a copy of my transcript to:

College/University: _____

Employment: _____

OFFICE USE ONLY:

Today's date _____ Office mailed/ emailed _____