



# Bastrop High School

1614 Chambers Street • Bastrop, Texas 78602 • Phone 512.772.7200 • Fax 512.772.7920

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## BHS Transcript Request Form

Date Requested: \_\_\_\_\_

Name you Graduated Under \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ Unofficial Transcript (You may make unlimited copies of an unofficial transcript)

\_\_\_\_\_ Official Transcript (An official transcript is stamped and sealed)

Send to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_

Please attach a Driver's License if you want your transcript sent or emailed directly to you. You can email this form to:

Last Name (A – M) [lcrouch@bisdtx.org](mailto:lcrouch@bisdtx.org)

Last Name (N – Z) [clugo@bisdtx.org](mailto:clugo@bisdtx.org)