

BULLITT COUNTY PUBLIC SCHOOLS
DEPARTMENT OF PUPIL PERSONNEL
1040 HIGHWAY 44 EAST
SHEPHERDSVILLE, KENTUCKY 40165
(502) 869-8000 FAX: (502) 869-8069

REQUEST FOR TRANSCRIPT/RELEASE OF SCHOOL RECORDS

**THERE IS A \$5.00 CHARGE FOR TRANSCRIPTS/RECORDS
CASH OR MONEY ORDER ONLY ACCEPTED.**

I, _____, hereby request a copy of my school transcript.

The transcript: _____ 1. Will be picked up by _____
_____ 2. Should be mailed to: _____

_____ 3. Should be faxed to: _____

Note: When faxed it will NOT have an official seal

Please include a copy of my ACT scores: YES _____ NO _____

Date of Birth: _____ School Name: _____

Date of Graduation/Last attended year: _____

NAME UNDER WHICH YOU ATTENDED SCHOOL: _____

I hereby release you, your organization or others from any liability of damage, which may result from furnishing the information requested above.

Signature of person requesting transcript: _____

Date: _____

Witnessed By: _____