Brunswick High School

Alumni Transcript Request Form

I, ______________________________, am requesting that you prepare an official transcript for myself for college/scholarship/employment in accordance with the requirements of those organizations. Information supplied may include a description of academic and personal characteristics that will aid the college, employer or scholarship program as they make decisions regarding admission or scholastic awards.

Name: ______________________________ (last name at the time of Graduation)
Date of Birth: ________________ Year of Graduation: ________________
Phone number: ________________ Email: ________________________________
Signature: ________________________________ Date: ________________________________

1. Name of College ________________________________
   Street Address ________________________________
   City, State, Zip ________________________________
2. Name of College ________________________________
   Street Address ________________________________
   City, State, Zip ________________________________
3. Name of College ________________________________
   Street Address ________________________________
   City, State, Zip ________________________________
4. Name of College ________________________________
   Street Address ________________________________
   City, State, Zip ________________________________

Please complete and return this form along with a check or money order payable to Brunswick High School to the address below:

Brunswick High School
Attn: Jill Wilton
101 Cummings Drive
Brunswick, MD 21716

- A $2.00 fee will be assessed for EACH transcript requested.
- Allow at least one week for processing.
- This form can also be faxed to (240)236-8602.
- Transcripts will be mailed to the address(es) listed above unless otherwise indicated on form.

Any questions, please contact Jill Wilton at (240)236-8619 or jill.wilton@fcps.org.