

TRANSCRIPT REQUEST---

To have a transcript sent to a college or employer; please complete the form "Request Transcript Form" found below.

Mail form to: Registrar, Beckman Catholic High School, 1325 9th Street SE, Dyersville, IA 52040

Email form: grecker@beckman.pvt.k12.ia.us

Fax form: 563-875-7242

Transcript Fee: \$2.00 per transcript.

TRANSCRIPT WILL BE ISSUED UPON RECEIPT OF FORM AND \$2.00.

Beckman Catholic accepts cash, check, MasterCard or Visa credit or debit cards.

Any questions call Gwen at 563-875-7188

REQUEST TRANSCRIPT FORM

BECKMAN CATHOLIC HIGH SCHOOL
1325 9TH STREET SE
DYERSVILLE, IA 52040
563-875-7188 PHONE 563-875-7242 FAX

TRANSCRIPT FEE \$2.00

Name: _____
Last First Middle

Graduation Date: _____

Federal Law prohibits the release of records without written authorization from an adult student (18 years of age or older). In the event of a minor; a parent or legal guardian's signature is required.

TO THE REGISTRAR:

Please send a complete copy of my credits including all test scores: I.Q., ITED, ACT, or any other test scores, TO BE MAILED TO:

(Please give COMPLETE ADDRESS)

Address

City State Zip Code

Signature (18 years of age or older)

DATE REQUESTED BY APPLICANT: _____

PHONE NUMBER OF APPLICANT: _____

OFFICE USE ONLY:

DATE SENT BY REGISTRAR: _____

REGISTRAR INITIALS: _____