



REQUEST FOR TRANSCRIPT

To request a transcript please send \$5.00 and a copy of your ID along with this form to:

Benton High School
Attention: Registrar
211 North Border Street
Benton, AR 72015

Please send \$5.00 for each transcript requested. Make checks payable to Benton High School.

Name Upon Graduation: _____

Year of Graduation or last year attended: _____

Date of Birth: _____

Address Transcript needs to be mailed to:
(please print)

Name or Name of Institution

Attention: _____

Address

City State zip code

Signature of Student Date