

**BENSALEM TOWNSHIP SCHOOL DISTRICT
BENSALEM, PA 19020**

TRANSCRIPT REQUEST

BENSALEM HIGH SCHOOL

Student Services
4319 Hulmeville Road • Bensalem, PA 19020
215-750-2800 ext 3013 • Fax: 215-604-0696

NAME: _____ **DATE:** _____
(Maiden)
ADDRESS: _____ **PHONE #** _____
_____ **BIRTHDATE:** _____

Complete appropriate areas:

Graduation Year _____ **Withdrawal Year** _____

CIRCLE ONE:

- 1. I wish to review my high school records.**
- 2. Please send my records to: (\$2 each transcript fee payable to BHS)**

Name of Institution _____

Address _____

Name of Institution _____

Address _____

Signature

For Office Use Only:

Rec'd _____

Paid \$ _____

Sent _____