



BATTLE MOUNTAIN TRANSCRIPT REQUEST FORM

425 Weaver Ave
Battle Mountain NV 89820
775-635-5436 f-755-635-5459

REQUEST FROM: **(Name when attended and address)**

Year graduated _____ and/or attended BMHS _____.
(Year graduated) **(Years attended)**

I, _____, give Battle Mountain High School permission to
(Student's name)

send _____ copies of my official and/or, _____ unofficial transcript to the name/address/fax
(number) **(number)**

*Other records I would like if you have available: _____

Thank you, _____

(Signature and date)

WHERE TRANSCRIPTS SHOULD BE SENT

(Name and address and/or fax number)

Please fax to: 775-635-5459 Attn: registrar or mail to 425 Weaver Ave Battle Mountain, NV 89820

*After certain dates the only records we will have on file are transcripts.

If the request is for someone over the age of 18, request must be made by the person who attended.

Please allow 2 to 3 work days for the request to be processed. Our work days are Mon-Thur.