



Battle Mountain High School Transcript Request Form

425 Weaver Avenue

Battle Mountain, NV

Phone: 775-635-5436 Fax: 775-635-5459

Name while attending Battle Mountain High School:

Print Last Name: _____

First Name: _____

Maiden Name (if applicable): _____

D.O.B.: _____

Year of Graduation (if known): _____

Requesting Party Information:

Please check one (1) of the following:

_____ Private Individual (picture ID will be required)

_____ Educational Institution Name of School: _____

_____ Business/Employment Name of Business: _____

_____ Other: Please explain: _____

Requesting Party's Information:

Print Last Name: _____

First Name: _____

Signature of person requesting information: _____

If this is being requested by an educational institution identification is not required. If this is being requested by an individual we require a photo ID to be included with this request form.

Email Address: _____

Fax Number: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Records being requested:

Check all that apply.

_____ Transcript: Official _____ or Unofficial _____

_____ Birth Certificate

_____ Immunization Records

_____ Special Education Records

_____ Other, specify: _____

After a certain number of years after the person's graduation, the only records we will have on file are transcripts.

Choices for returning/submitting this form:

Fax to: 775-635-5459

Mail to: Battle Mountain High School, Attn.: Registrar, 425 Weaver Ave.; Battle Mountain, NV 89820

If you wish to email this form, please call 775-635-5436 to ask for the email address.

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