Send to: Transcripts and Records
Banner County Schools
Box 5, School Street
Harrisburg, NE 69345
registrar@bcswildcats.org

Student's Signature _____ DATE: _____
(Required by Federal Law)

TRANSCRIPTS WILL NOT BE ISSUED IF ANY INSTITUTIONAL HOLDS EXIST

TRANSCRIPT FEE $0.00

_____
PRINT LAST NAME FIRST MIDDLE

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

MAIDEN OR OTHER NAMES USED _____ PHONE # _____

SEND TRANSCRIPT TO:

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PRINT LEGIBLY—MAILING LABEL USE SEPARATE FORM FOR EACH ADDRESSEE

SOCIAL SECURITY NO. _____

DATE OF BIRTH

PRESENTLY ENROLLED ☐ YES ☐ NO

IF NO, DATE OF LAST ENROLLMENT _____

NUMBER OF COPIES TO BE SENT _____

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☐ Pick up ☐ Mail after grades

☐ Mail ☐ Mail after graduation

OFFICE USE ONLY

_____ Hard copy _____ SIS copy

Date Sent _____ Initials _____