

Please allow **3 to 5 business days** for processing from the time the request is received in our office. **This Form MUST have the signature of the former student to release transcripts.** Only if former student is under 18 may a parent sign.

Today's Date \_\_\_\_\_

School Attended \_\_\_\_\_ Bay Springs High School \_\_\_\_\_ Stringer Attendance Center

Name Used While in School: \_\_\_\_\_

Current Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Graduation Year (or Last Date of Attendance): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mail \_\_\_\_ (# of copies) to address: \_\_\_\_\_

Mail \_\_\_\_ (# of copies) to address: \_\_\_\_\_

Will pick up \_\_\_\_ (# of copies). \_\_\_\_\_

Fax # (if transcript is to be faxed): \_\_\_\_\_

Attn: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Transcripts are \$10.00 per transcript. Please send all transcript requests to:**

\_\_\_\_\_ Bay Springs High School  
 PO Box 389  
 Bay Springs, MS 39422  
 601-764-4151  
 601-764-6445 fax

*Payment must be received  
 with request for issuance of  
 transcript(s).  
 Telephone requests cannot  
 be accepted.*

\_\_\_\_\_ Stringer Attendance Center  
 122 CR 17  
 Stringer Attendance Center  
 601-428-5508  
 601-426-6760 fax