

BARR-REEVE JR.-SR. HIGH SCHOOL
627 NORTH THIRD STREET
MONTGOMERY, INDIANA 47558
PHONE: (812) 486-3265
FAX: (812) 486-2829

TRANSCRIPT REQUEST FORM

Name of student: _____

Maiden Name (if applicable): _____

Date of Birth: _____

Date of Graduation: _____

Name and Address where transcript should be sent:

Please send my transcript to the address listed above:

Signature

Date

Phone Number

All transcript requests should be mailed or faxed to: Barr-Reeve Jr.-Sr. High School
c/o Guidance Counselor
627 North Third Street
Montgomery, IN 47558
FAX: (812) 486-2829