



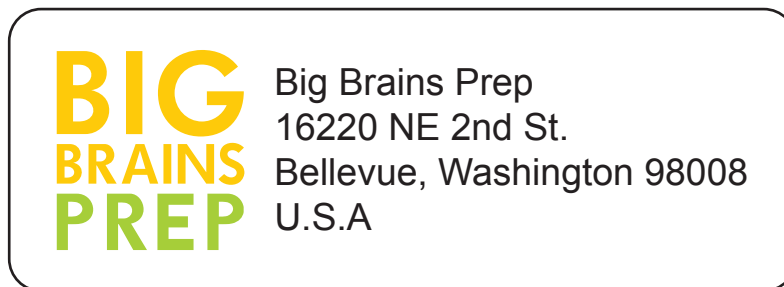
# BBP TRANSCRIPT RELEASE FORM

Please give this form to the school in which you are currently enrolled, and to the other schools you have attended in the past two years.

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

Authorization is hereby given that copies of the school records of the above-named student be sent to:



Please send transcripts from the current year (including 1st semester grades) and from the two previous years.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date