



WESTSIDE HIGH SCHOOL - FINAL TRANSCRIPT REQUEST

Student must have graduated in the 2020-2021 school year (Class of 2021)

*Students may also use their GAFutures.org account for any Georgia College or University.
Contact Counselor Ana Hernandez Ana.Hernandez@BCSDK12.net for additional information.*

Student Name:			Date of Birth (m/d/y):	___ / ___ / ___
Student ID# (Lunch #):		Student Phone Number:		
Student Email:				

Please prepare an official transcript of my academic records for the following institution(s):
(Graduates are allowed 3 free final transcripts to be sent)

Name of Institution	
Person or Department	
Street or P.O. Address	
City, State, ZIP	

☐ MAIL transcript to this Institution.
☐ I will PICK UP this transcript.
(Please check a box)

Name of Institution	
Person or Department	
Street or P.O. Address	
City, State, ZIP	

☐ MAIL transcript to this Institution.
☐ I will PICK UP this transcript.
(Please check a box)

Name of Institution	
Person or Department	
Street or P.O. Address	
City, State, ZIP	

☐ MAIL transcript to this Institution.
☐ I will PICK UP this transcript.
(Please check a box)

_____ ← ← (STUDENT - PLEASE INITIAL HERE) I understand that after my graduation is certified by the Bibb County Board of Education, my official and final transcript will be provided to me in a sealed envelope OR mailed to the institution(s) at the address(es) indicated above.

Student Signature (REQUIRED to process request)

Date of Request

Registrar/Counselor Signature

Date Mailed or Picked Up