



Transcript Order Form

Send by mail/or hand deliver to:

**Registrar's Office
Beatrice High School
600 Orange Boulevard
Beatrice, Nebraska 68310**

Name: _____
Last (as attended school) First Middle

Birthdate: _____

Did you graduate from Beatrice High School? Yes _____ No _____

Graduation date OR last year of attendance: _____

Copies to be sent to:

Institution/Employer Address

Institution/Employer Address

Institution/Employer Address

Institution/Employer Address

Signature of individual: _____

**PLEASE PRINT THIS FORM AND MAIL/RETURN WITH
THE \$2.00 FEE.**