



*Moving Students Forward*

**SCHOOL COUNSELING DEPARTMENT**

**BARNSTABLE HIGH SCHOOL**

744 West Main Street, Hyannis Cape Cod, MA 02601-3495

(508) 790-9866

Fax (508) 790-6457

Date: \_\_\_\_\_

I, \_\_\_\_\_, (please include maiden name if married), class of \_\_\_\_\_ give Barnstable High School permission to send my transcript to the following location.

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

Address or fax number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

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

Phone Number: (cell number preferred) \_\_\_\_\_

Please send your completed form to Leslie McDonald at the address above or fax it to her attention at 508-790-6457. If you have any additional questions, please call 508-790-9866. Note that in order for the transcript to be considered **official**, it needs to be sent directly to the institution. An **unofficial** copy can be sent directly to you at your request. If contacting us about a transcript prior to 1975, instead please call 508-862-4977.