Brown County High School

Home of the Hornets!



Please complete and return this form to:

Brown County High School Attn: Counseling Office 500 E. Main Street Mt. Sterling, IL 62353 OR

kaitlyn.ealy@bchornets.com

Date:	_		
Name:		Date of Birth:	
Graduation rear/rears of	Attenuance		
Contact Phone or Email: _			
Send transcript to:			
		via	
Mail	E-mail	Fax	Pick Up
Address			
Email or Fax Number:			
I hereby authorize Brown	. County High Sch	nool to release my transcript t	o the recipient listed above.
Signa	ture		 Date
FOR SCHOOL USE ONLY:			
Date of Receipt of Form:		Date of Transcript Release:	Initials: