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

Michele.Aurand@bchornets.com

Date:			
Name:		Date of Birth:	
(Include any prior/maiden name)			
Graduation Year/Years of Attendance:			
Contact Phone or En	nail:		
Send transcript to: _			
		via	
Mail	E-mail	Fax	Pick Up
Address Email or Fax Number:			
I hereby authorize Bro	wn County High Scho	ool to release my transcript to	the recipient listed above.
Signature			Date
FOR SCHOOL USE ONLY:			
Date of Receipt of Form:	Γ	Date of Transcript Release:	Initials