

BBS INFORMATION RELEASE

NAME _____

DATE REQUESTED _____

Please send the information checked below for the above student:

___ TRANSCRIPT (with Social Security Number)

___ TEST SCORES (ACT/SAT)

___ LETTER OF RECOMMENDATION

___ OTHER (Please Describe _____)

Parent Signature _____

Student Signature _____

IS THERE A POSTMARK DEADLINE? _____ WHEN? _____

IS THERE A "MUST BE RECEIVED BY" DEADLINE? _____ WHEN? _____

NAME AND ADDRESS OF PLACE TO RECEIVE INFORMATION:

For Guidance Office Use:

Date Mailed, Faxed, or Given to Student _____