

Request Date: _____

BAY CITY PUBLIC SCHOOLS

Student Services Office
910 N. Walnut St.
Bay City, MI 48706
Phone: (989) 671-8121 Fax: (989) 686-7910
Email: transcripts@bcschools.net

Name: _____
Last First Middle Initial Maiden Name

Last Bay City School Attended: _____ Graduate Non-Grad Year _____

Birth Date: _____ Phone No.: _____

Instructions (ie: mailing, pickup, fax): _____

Permission granted under the Family Educational Rights and Privacy Act of 1974.

Signature: _____

***** Office Use Only *****

Document Requested: Transcript Letter of Graduation Immunization Record Other: _____

Purpose: College/University Adult Education State I.D Employment Other: _____

Fee \$3.00: Cash Check Date Processed: _____ Sent Picked Up Faxed Emailed

***Transcripts require a signature and a \$3.00 fee. Payment may be sent or made in person to the Bay City Public Schools Administration Building as we do not accept debit or credit cards.**