

Ballard High School

Transcript Request Form

Student Information (please print):

Name _____ Year of Graduation _____
(First Middle Last (While attending school))

If sending to student please enter your address:

Current Address: _____

Phone Number _____ Email Address _____

Prospective Employer/College/Scholarship Information:

Name _____ City _____ State _____

If mailing enter Address: _____

Admissions Email: _____

Transcripts may also be picked up in the front office between 8:00am & 3:00pm.
Monday - Friday during the school year.

Comments or Instructions:

Return this form to:
Terri Doud, Guidance
Ballard High School
701 Ballard Drive
Huxley, IA 50124
Email: tdoud@ballard.k12.ia.us
Phone: 515-597-2971 ext. 2177
Fax: 515-597-2964