

Official Temple Baptist School Transcript Request Form



Name (first, middle, last) _____

Any previous name that could be on transcript _____

Year of Graduation _____ or Last attended _____

Birth Date: _____

Daytime phone# (for clarification) _____

Mail/Fax Transcript to

Parent or Student Signature _____

Date Received: _____ Date Sent: _____

Form should be sent to:

**Mr. Lance Listh
Vice Principal
Temple Baptist School
1545 Dranesville Rd.
Herndon, VA 20170
FAX 703-437-7430**