



Mr. Michael Parker  
Principal  
[mparker@burlcoschools.org](mailto:mparker@burlcoschools.org)  
Ext. 8431

Mr. Christian Pino  
Assistant Principal  
[cpino@burlcoschools.org](mailto:cpino@burlcoschools.org)  
Ext. 8407

Dr. Heidi Bouchard Assistant  
Principal & Athletic Director  
[hbouchard@burlcoschools.org](mailto:hbouchard@burlcoschools.org)  
Ext. 8437

**REQUEST FOR TRANSCRIPT**

**DATE:** \_\_\_\_\_

**FULL NAME When You Attended BCIT:** \_\_\_\_\_

**YEAR GRADUATED / WITHDREW:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **S.S. # XXX-XX-\_\_\_\_**

**CURRENT TELEPHONE NUMBER:** \_\_\_\_\_

**This is my authorization for Burlington County Institute of Technology to release my Official Transcript to the following school, business, etc. (Please include Name of School or Business, Address and telephone number):**

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\_\_\_\_\_  
**Signature**

**Please email [medguidance@burlcoschools.org](mailto:medguidance@burlcoschools.org) or mail**