

# ALUMNI TRANSCRIPT REQUEST

BURLINGAME HIGH SCHOOL

ATTN: Student Records

1 Mangini Way

Burlingame, CA 94010

Tel. 650-558-2899

Transcripts are processed in two to three work days.

NAME: \_\_\_\_\_  
Last Name (As used in School Records) First Name MI

CURRENT ADDRESS: \_\_\_\_\_

CONTACT TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
MM/DD/YYYY

YEAR(S) OF ATTENDANCE OR GRADUATION: \_\_\_\_\_

OFFICIAL QTY \_\_\_\_\_ \$5.00 Each UNOFFICIAL QTY \_\_\_\_\_ \$5.00 Each

\_\_\_\_\_ I WILL PICK UP TWO DAYS

**OR**

SEND TRANSCRIPT TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use back of form if needed. BHS will **not be held responsible** for delays or items lost by the USPS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please sign and submit the completed form with a copy of your Driver's License (or State ID), to the address above. **Requests with incomplete information or without the appropriate fee attached will NOT be processed. CASH, CHECK or M/O ONLY – NO CREDIT/DEBIT CARDS ACCEPTED**