

BERLIN HIGH SCHOOL
SCHOOL COUNSELING DEPARTMENT ~ 139 PATTERSON WAY ~ BERLIN, CT 06037
PH: 860-828-6577 FAX: 860-829-2268
EMAIL: bhs-transcripts@edu.berlinschools.org

Transcript Request for Berlin High School

Name while Attending: _____

Last/First

Current Name (if different) _____

Please check: **Alumni** ____ **Did you graduate?** Y__N__

Year of Graduation/Last year attended: _____

Current BHS Student ____ **ANTICIPATED YEAR OF GRAD** _____

Date of Birth: _____

Phone Number: _____

Email: _____

PLEASE SEND MY OFFICIAL TRANSCRIPT TO:

OR FAX UNOFFICIAL COPY TO: (Fax No.) _____

OR EMAIL UNOFFICIAL COPY TO: (email): _____

Signature: _____ Date Requested: _____

Please allow up to 10 working days to process this request.

<i>For Office Use Only:</i>	
Date	_____
Emailed	_____
Faxed	_____
U.S. Mail	_____
H/C'd	_____