

Former Student Requesting Records

Official, sealed, transcript signed by BHS Registrar and showing school seal.....	\$5.00
Unofficial transcript, unsigned and without school seal.....	\$2.00
Official letter of attendance.....	\$5.00
Diploma Cover.....	\$5.00
Duplicate Diploma.....	\$10.00

Ordering by Mail

1. Mail your written request to the Office of the Registrar, Berkeley High School, 1980 Allston Way, Berkeley, CA 94704.
2. Include the following information: your phone number, name as it was when you attended BHS, date of birth, year of graduation and where you want items mailed to. Include a money order or check made out to BHS. The check must show your address and phone number.

Ordering via Email

1. Email request to bhsregistrar@berkeley.net.
2. Include the following information: your phone number, name as it was when you attended BHS, date of birth, year of graduation, a scan/copy of your driver's license or other form of photo I.D. We will contact you for payment.

Note:

- Additional fees are applied when using debit/credit transactions.
- Upon receipt of your request it can take 3 -10 business days.



Berkeley High School Registrar's Office
1980 Allston Way, Berkeley, CA 94704
bhsregistrar@berkeley.net
510) 644-4577. (510) 644-6829. Fax: (510) 644-8766
<https://bhs.berkeleyschools.net/> or www.berkeleyschools.net

Former Student Records Request Form

Today's Date: _____ Date Request Due _____

NAME: _____
First, Middle, and Last name While in School

Name if different from name in school (current) _____

Contact phone number: (____) _____ Email address _____

What month and year did you leave or graduate from ___ Berkeley High School ___ BUSD: Independent Studies Program.

I Graduated (MM/YYYY) _____ I left BHS/ISP (MM/YYYY) _____

I would like to request:

Official Transcript @ \$5.00 Unofficial Transcript @ \$2.00 Letter of Attendance @\$5.00

Duplicate Diploma @ \$10.00 Diploma Cover @ \$5.00

Total Payment Due \$ _____

MAIL RECORDS TO:
Name:
Street Address:
City, State, Zip Code:

MAIL RECORDS TO:
Name:
Street Address:
City, State, Zip Code:

Requestors Signature: _____