

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, copy of your government issued photo ID, driver's license or passport 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. We will contact you for payment.

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 of your government issued photo ID, driver's license or passport
3. An invoice will be emailed to you for payment.

Note:

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



Berkeley High School Registrar's Office

1980 Allston Way, Berkeley, CA 94704

Email: bhsregistrar@berkeley.net

(510) 644-4577 or (510) 644-6829

<https://bhs.berkeleyschools.net>

Former Student Records Request Form

Today's Date: _____

Date Request Due _____

NAME: _____ Date of Birth _____

First, Middle, and Last name While in School

Name if different from name while in school (current name) _____

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: (provide number quantity)

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

_____ Duplicate Diploma @ \$10.00 _____ Diploma Cover @ \$5.00 Total Payment Due \$ _____

PLEASE PROVIDE AN ADDRESS TO MAIL RECORDS. PRINT IN THE BOXES BELOW

Name:

Street Address:

City, State, Zip Code:

MAIL RECORDS TO:

Name:

Street Address:

City, State, Zip Code:

Requestor's Signature: _____