



BURKE HIGH SCHOOL Transcript Request Form

Each transcript requested (official or unofficial, mailed, faxed or emailed) is \$2.00, payable by cash, check or money order. **Mail or bring completed form and fee to:**

Burke High School
Attn: Transcripts
12200 Burke Blvd
Omaha, NE 68154

Phone 531-299-2580 Fax 531-299-2619

Please print:

Name: _____ Date of Birth: _____
Last Name First Name Middle Initial

Name while Attending (Maiden or other): _____

Current Address: _____

City State Zip: _____
City State Zip Code

Phone: _____ Graduation / Withdrawal Year: _____

Send Transcript(s) to:

Name of Institution: _____

Attention: _____

Address: _____

City State Zip: _____
City State Zip Code

Fax #: _____ (Include **only** if institution requests faxed copy in place of mailed copy)

Email address _____ (include **only** if institution requests emailed copy)

Name of Institution: _____

Attention: _____

Address: _____

City State Zip: _____
City State Zip Code

Fax #: _____ (Include **only** if institution requests faxed copy in place of mailed copy)

Email address _____ (include **only** if institution requests emailed copy)

Signature _____

Date _____

OFFICE USE ONLY

Date Completed: _____

Unofficial Transcript Taken (Not Mailed)

Amount Paid \$ _____ Check # _____

Mailed Faxed Emailed