

**TRANSCRIPT REQUEST
BURLINGAME HIGH SCHOOL
1 Mangini Way
Burlingame, CA 94010
Tel. 650-558-2899**

Transcripts are processed in two to five work days.

PRINT NAME: _____
Last Name (As used in School Records) First Name MI

CURRENT ADDRESS: _____

CONTACT TELEPHONE: _____

DATE OF BIRTH: _____
MM / DD / YR

DATES OF ATTENDANCE OR GRADUATION: _____

OFFICIAL QTY _____ **\$5.00 Each** UNOFFICIAL QTY _____ **\$5.00 Each**
Please enclose payment. Checks and Money Orders are payable to Burlingame High School
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Please sign and mail the completed form to the address above.
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