

BURKE HIGH SCHOOL Transcript Request Form

Each transcript requested (official or unofficial, mailed, faxed or emailed) is \$5.00 payable by cash, check, money order, card payment or scan the QR code. Mail or bring completed form and fee to:

Burke High School Attn: Transcripts 12200 Burke Blvd

Phone 531-299-2580

Omaha, NE 68154

		Please Print	
Name:			Date of Birth
Last Name	First Name	Middle Initial	
Name while attending (Maiden o	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 #:	(Includ	e only if institution request	s faxed copy in place of mailed copy
Email Address:		(Include <u>onl</u>	y if institution requests emailed cop
SEND TRANSCRIPT(S) TO:			
Name of Institution:			
Attention:			
Address:			
City, State, Zip:			
City		State	Zip code
Fax #:	(Includ	e <u>only</u> if institution request	s faxed copy in place of mailed copy
Email Address:		(Include onl	y if institution requests emailed cop
Signature			Date
OFFICE USE ONLY Date Completed An	nount Paid \$	OCash O Ck#	Credit Card
Unofficial Transcript taken (not ma	iled) Mailed 🗌 Fax	xed Emailed	