

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 Omaha, NE 68154

Email to: burkealumnitranscripts@ops.org

Fax: 531-299-2618 Phone: 531-299-2580

PLEASE COMPLETE FORM AND RETURN WITH PAYMENT

me:		Date of Birth e Initial	
me while attending (Maiden or other): .			
2,			
rrent address:			
y, State, Zip:			
City	State	Zip code	
one:	Graduation/Wit	hdrawal Year	
ND TRANSCRIPT(S) TO:			
me of Institution:			
ention:			
dress:			
y, State, Zip:			
City	State	Zip code	
(#:	(Include <u>only</u> if institution r	equests faxed copy in place of maile	ed copy
r#:	(Include <u>only</u> if institution r	equests faxed copy in place of maile	ed copy
ail Address:			
ail Address: ND TRANSCRIPT(S) TO:	(Inclu	de only if institution requests email	
ail Address: ND TRANSCRIPT(S) TO:	(Inclu	de only if institution requests email	
ail Address: ND TRANSCRIPT(S) TO: me of Institution:	(Inclu	de only if institution requests email	ed copy
ail Address: ND TRANSCRIPT(S) TO: me of Institution: ention:	(Inclu	de only if institution requests email	ed copy
nail Address: ND TRANSCRIPT(S) TO: me of Institution: ention:	(Inclu	de only if institution requests email	ed copy
nail Address: ND TRANSCRIPT(S) TO: me of Institution: ention: dress:	(Inclu	de only if institution requests email	ed copy
nail Address: ND TRANSCRIPT(S) TO: me of Institution: ention:	(Inclu	de only if institution requests email	ed copy
nail Address:	(Inclu	de only if institution requests email	ed copy
nail Address:	(Inclu	de only if institution requests email	ed copy
nail Address:	State(Include only if institution r	de only if institution requests email	ed copy)
nail Address:	State(Include only if institution r	de only if institution requests emaile Zip code equests faxed copy in place of maile	ed copy
nail Address: ND TRANSCRIPT(S) TO: me of Institution: ention: dress: y, State, Zip: City (#:	State(Include only if institution r	de only if institution requests emaile Zip code equests faxed copy in place of maile de only if institution requests emaile	ed copy
nail Address:	State(Include only if institution r	de only if institution requests emaile Zip code equests faxed copy in place of maile	ed copy
nail Address: ND TRANSCRIPT(S) TO: me of Institution: ention: dress: y, State, Zip: City (#:	State(Include only if institution r(Include	Zip code equests faxed copy in place of maile de only if institution requests email. Date	ed copy
nail Address:	State (Include <u>only</u> if institution r	Zip code equests faxed copy in place of maile de only if institution requests email. Date	ed copy
ail Address:	State(Include only if institution r(Include only of institution r	Zip code equests faxed copy in place of maile de only if institution requests email. Date	ed copy
ail Address:	State(Include only if institution r(Include	Zip code equests faxed copy in place of maile de only if institution requests email. Date	ed copy