



OFFICIAL TRANSCRIPT REQUEST

Transcripts are \$10.00 per copy.

Allow at least five (5) working days for processing your request once it is received in the Registrar's office.

Mail form and payment to:

BST
2606 Dwight Way
Berkeley, CA 94704
ATTN: Registrar

Full Name: _____

Maiden Name (if attended school under maiden name): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (with area code): _____

Email: _____

Date of Birth (to confirm student identity): _____

Date of Graduation or Year degree conferred: _____ Degree completed (if applicable): _____

Number of Copies Requested: _____

Amount enclosed (check or money order): \$ _____ (\$10 per copy)

Signature (required for release of transcript): _____

Mail transcript to: Above Address – or – See Below Address(es)

Name of Institution: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Comments or Instructions (if going to more than one institution, please list separately with mailing addresses – use back of this form if necessary)
