



**OFFICIAL TRANSCRIPT REQUEST**

Transcripts are \$10.00 per copy.  
Allow at least seven (7) 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 or Email transcript to:  Above Address – or –  See Below Address(es). Note: You may also request your official transcripts be emailed to the recipient(s) – which has become the standard preference, post pandemic.

Name of Institution: \_\_\_\_\_

Attention: \_\_\_\_\_ Recipients Email  
Address \_\_\_\_\_

Mailing 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)