



Baltimore City Public Schools
Office of Student Records
790 W. North Avenue
Baltimore, Maryland 21217
443-642-4640 FAX 410-523-0262

To request a copy of your high school transcript please follow the directions below:

Visit the Office of Student Records located at 790 W. North Avenue, Baltimore, Maryland 21217 for a transcript application. Follow the directions on the form, returning it along with your non-refundable \$5.00 service fee (money order or business check only). The only exception to the service fee is for individuals incarcerated and/or records requested by the courts or their agents. Your transcript will normally be sent out within **5** business days depending on the extent of research required.

You may also call the Baltimore City Public Schools (City Schools) Office of Student Records Transcript hotline and ***leave a message only*** by dialing 443-642-4640. You can request that a transcript request form be mailed or faxed to you. You can also leave messages for the Office of Student Records staff and a representative will return your call within 24 hours. Please speak slowly and clearly spelling your name and mailing address.

Please remember to include a photo copy of your ID or birth certificate along with your transcript request form and follow the directions closely to avoid having your form returned.

Remember you can always access the City Schools website at www.baltimorecityschools.org; double click on **Students** at the top, then **Transcript Request Directions and Form** along the left side, to download the documents.

Note: Requests for transcripts after yr. 2000 may also be obtained at the last school attended.

Requests for transcripts prior to yr. 2000 may be obtained from the Office of Student Records **only**.

CLOSED high schools - Requests/inquiries should be directed to the Office of Student Records **only**.



BALTIMORE CITY PUBLIC SCHOOLS
Request for Student High School Transcript

www.BaltimoreCitySchools.org

Transcript Information: 443-642-4640

Please Print Legibly and Fill in all Blanks

Today's Date _____

Important: \$5.00 fee – *Non-refundable* – NO cash

Money Order or Business Checks payable to: Baltimore City Public Schools

Your Name (when attending BCPS) _____ **Birth Date** _____
First MI *Maiden Last

Mother's Name _____ **Father's Name** _____

Last High School Attended: School Number _____ **School Name** _____

Last Year Attended _____ **Last Grade Attended** _____ **Graduated: Yes** ☐ **No** ☐

Did you attend Saturday School? ___ **or Summer School?** ___ **If so what year(s)/where?** _____

Last Address while Attending BCPSS _____

Transcripts will be mailed to:

Name of Agency, college, employer or self _____

Address including zip code _____

AUTHORIZATION NOTIFICATION

I hereby authorize the Information Technology Department of the Baltimore City Public School System to release information concerning my records. I understand that the recipient of the record(s) will use said document(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my expressed written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act.

Signature _____

Present Address & Zip Code _____

Telephone Number (Home) _____ **(Work)** _____ **(Cell)** _____

Please mail:

- 1. The completed request for student high school transcript form**
- 2. Non-refundable \$5.00 transcript fee. A Money Order or Business Check payable to Baltimore City Public Schools. Please, no cash or personal checks.**
- 3. Identification - copy of: driver's license or birth certificate**

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