

BALTIMORE COUNTY PUBLIC SCHOOLS

S. Dallas Dance, Ph.D., Superintendent

6901 Charles Street – Towson, MD 21204

Mr. Frank L. Curnoles,
Student Data Manager
410-887-4266

OFFICE OF STUDENT DATA
9611 Pulaski Park Drive – Ste 307
Baltimore, MD 21220

Ms. Veronica Henderson, M.S.,
410-887-6360

BCPS Website: www.bcps.org
Fax # 410-238-1817 for Verifications

OFFICIAL TRANSCRIPT & OFFICIAL DUPLICATE DIPLOMA REQUEST FORM

NOTE: This form is to be completed and mailed **ONLY** if applicant has been out of Baltimore County Public Schools for more than one (1) year **prior** to the current academic year. *Submit this completed form with appropriate payment to address indicated herein.*

Indicate: # of **Diplomas** requested _____
(\$3 each) # of **Transcript** requested _____
(\$2 each)

MOST IMPORTANT: Fees **must** accompany form. *Neither personal checks nor cash accepted.* Required fees to be paid by money order or standard business check and made payable to:

Baltimore County Public Schools

Return to:

Baltimore County Public Schools
Attn: Ms. Henderson – Student Data Office
9611 Pulaski Park Dr – Ste 307
Baltimore, MD 21220

Note: Have you requested a transcript since July 1st of the current academic year? **Yes** **No**

1. **Complete & Full Legal Name** _____ ()
Complete First Complete Middle Complete Last **Maiden or Last Name Used While Attending BCPS**

Check Gender: Male _____ Female _____

2. Date of Birth ____/____/____ Daytime Phone# _____

3. Name of last Baltimore County Public School Attended: _____

4. Actual year of **Graduation:** _____ **OR** Actual **calendar** year of **Withdrawal** _____

5. If not being picked up in person, please provide a complete address where document(s) is/are to be mailed:

6. **AUTHORIZATION NOTIFICATION**

As the individual about whom this information is being requested. I hereby authorize the Office of School Counseling of the Baltimore County Public Schools 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.

NOTE: If someone other than the student is to pick up the requested document(s), said individual must present a separate and signed written statement naming and authorizing said individual to receive said document(s). This person should also sign on the first line below.

Signature of Person about whom information is being requested
(If person is 18 years of age or older)

Date: ____/____/____

Signature of Parent/Legal Guardian/Designee of above
(If person is under 18 years of age or release is issued)