

**ACADEMIC VERIFICATIONS, OFFICIAL TRANSCRIPTS &
OFFICIAL DUPLICATE DIPLOMAS**

I. **To Obtain a Business or Agency Academic Verification of Graduation**

We do not offer verbal or faxed verifications. All business requests for **only** an academic **verification** of graduation may be obtained as follows:

- Submit a written business request **for only** a verification accompanied by a signed release by the individual being verified to:

Baltimore County Public Schools
Office of School Counseling
Attention: Ms. Henderson, M.S.
9610 Pulaski Park Drive - Suite 219
Baltimore, Maryland 21220

- The same may also be faxed to: **410-391-9122 - Attn: Ms. Henderson**

Note: All written verifications are returned via first class mail. Allow a minimum of 10 to 15 school days from the date of our receipt for a response.

- A written business verification of graduation **only** may also be obtained by dialing 410-887-6360 and following the prompted instructions. The requesting agency must provide on company letterhead a phone number and name of staff person making request, and the request must include the student's complete and full legal name (circle maiden name if student is a female); name of last school attended, last year attended, and must submit a signed release.

II. **To Obtain an Official Duplicate Diploma and/or Official Transcript**
Only official documents are issued

All requests **must** be made in writing and contain the following:

- Individual's complete legal name- *no abbreviations* – (*type or print*).
Indicate and **circle** maiden name if this applies.
- Date of birth.
- Name of last school and year of graduation or last attended.
- Address where document is to be mailed.
- Signature (or signed release) of person named in document if 18 years of age or older.
If under 18, signature of parent or guardian must be affixed.

The current cost of an official duplicate diploma is **\$3** and **\$2** for an official transcript. Payment should be in the form of a money order or standard business check made payable to Baltimore County Public Schools. Mail written request to:

Baltimore County Public Schools
Office of School Counseling
Attention: Ms. Henderson
9610 Pulaski Park Drive - Suite 219
Baltimore, Maryland 21220

Note: All official documents are returned via first class mail. Allow a minimum of 10 to 15 school days from the date of our receipt for a response.

Persons wishing to obtain an official duplicate diploma and/or official transcript **in person** should call **410-887-6360** between the hours of **9:00 AM** and **3:30 PM** for further information.

(Form for Ordering an Official Diploma and Official Transcript on Next Page)

BALTIMORE COUNTY PUBLIC SCHOOLS

Dr. Joe A. Hairston, Superintendent

6901 Charles Street – Towson, MD 21204

Dr. Lynne E. Muller, Coordinator 410-887-0291	OFFICE OF SCHOOL COUNSELING 9610 Pulaski Park Drive - Suite 219 Baltimore, Maryland 21220	Ms. Mary Ann Mathews, Supervisor 410-887-0291
Ms. Linda Deise 410-887-0291, 0292	Fax # 410-391-9122 www.bcps.org	Ms. Veronica Henderson 410-887-6360

OFFICIAL TRANSCRIPT & DIPLOMA REQUEST FORM

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)**

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

Baltimore County Public Schools

Return to:
Baltimore County Public Schools
Attn: Ms. Henderson, M.S.
Office of School Counseling
9610 Pulaski Park Drive - Suite 219
Baltimore, Maryland 21220

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

1. **FULL** Legal Name _____ (_____)
Complete First Complete Middle Complete Last **Maiden/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 year of **Withdrawal** _____

5. If not being picked up in person, please provide 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.

A signed release may serve in lieu of the applicant's signature; however, the person picking up said document upon presentation of a signed release **MUST** 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: ____/____/____

Rev. 08/07

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