ALUMNI TRANSCRIPT REQUEST FORM

Please complete and email or mail as your official request

TRANSCRIPT INFORMATION

Alumni must submit a signed request form in order to have their transcript released.
Please allow a minimum of three (3) business days to process the transcript request.

There is a fee of $5 per transcript payable by cash, check, or money order. If paying by check or money order, please make payable to Berks Catholic High School.

Requests may be mailed to:

BERKS CATHOLIC HIGH SCHOOL
GUIDANCE TRANSCRIPTS and RECORDS
ATTN: Mr. JOSH DITSKY
955 E. WYOMISSING BLVD
READING PA 19611

QUESTIONS:
Please call Mr. Josh Ditsky at 610. 898. 9252 or email: jditsky@berkscatholic.org
September – May Office Hours: 8am – 2pm Summer Hours are more limited.
So that we may best serve you, please email or call in advance before coming to school.

Date of Request: _____

Please Print:
NAME: _____. Year of Graduation: _____

Name at Time of Graduation: _____ School: BC CC HN

Current Address:_____

_____ Current Phone Number: _____

PLEASE SEND BY MAIL TO: ***(Please Provide ATTENTION TO and Complete Address)***

_____

_____

_____

OR

Fax / Email: _____ Attention: _____

Office Use Only: Date Sent _____

Updated 3 /14/25