



BURKE HIGH SCHOOL

TRANSCRIPT REQUEST FORM

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Burke High School Fax: 531-299-2619
Attn: Transcripts
12200 Burke Blvd Phone: 531-2992580
Omaha, NE 68154



Name: _____

Date of birth: _____

Last Name

First Name

Middle Initial

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Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Graduation/Withdrawal Year _____

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