

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

**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.  
6901 N. Charles St – ESS Bldg – Rm. 109  
Towson, MD 21204

- The same may also be faxed to: **410-321-5721 - Attn: Ms. Henderson**  
**Note: Once your request containing all information we require has been received, you are to allow a minimum of 10 to 15 school days for request to be processed and returned via first class mail.**
- 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.

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

All requests **must** be made in writing, clearly printed or typed, and contain the following:

- Individual's complete and full legal name- *no abbreviations*. **Circle maiden name if this applies.**
- Date of birth.
- Name of last school attended 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. Payments may be combined for multiple requests. Mail written request to:

Baltimore County Public Schools  
Office of School Counseling  
Attention: Ms. Henderson, M.S.  
6901 N. Charles St – ESS Bldg – Rm. 109  
Towson, MD 21204

**Note: Once your request containing all information and items we require has been received, you are to allow a minimum of 10 to 15 school days for request to be processed and returned.**

Persons wishing to obtain an official duplicate diploma and/or official transcript ***in person*** on days schools are in session should call **410-887-6360** for specific times of operation and directions. No appointment is necessary.

**SPECIAL NOTE:** If someone other than the former student is to obtain said official document, that person **must** present a signed release from the former student providing student is 18 years of age or older. Said release must state the name of the person picking up said document and grant that individual permission for same. A photo ID of the individual obtaining said document is required and must be presented.

***(Complete and Return the Attached Form for Ordering an Official Diploma or Official Transcript)***

# 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**  
6901 N. Charles Street – ESS Bldg – Room #109  
Towson, MD 21204

Mr. Timothy P. Hayden, M.S.  
Supervisor  
410-887-0291

Ms. Linda Deise  
410-887-0291, 0292

Fax # 410-321-5721  
www.bcps.org

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

## OFFICIAL TRANSCRIPT & 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 made payable to:

*Return to:*  
**Baltimore County Public Schools**  
**Office of School Counseling**  
**Attn: Ms. Henderson, M.S.**  
**6901 N. Charles St – ESS Bldg – Rm 109**  
**Towson, MD 21204**

### Baltimore County Public Schools

**Note:** Have you requested a transcript since July 1<sup>st</sup> 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. 07/09

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