

## Burnsville High School Diploma Reorder Request

Current Nam	e:
	(Last, Middle, & First Name)
Former Name	e:
	(Last, Middle, & First Name)
Date of Birth	:Graduation Year:
	(Month/Day/Year)
Phone Numb	er:
lf Local, you r	must pick up your diploma.
lf not, please	list where you would like your diploma to be sent:
PAST GRADU	ATES
F	Burnsville Senior High School currently charges \$50.00 per diploma for past gradua Requests for diploma may be either dropped off or mailed along with the reorder (Please include cash or a check made out to "BHS" for the required amount.)
	Mail this request form along with a check to the following address: Burnsville Senior High School ATTN: Records 600 East Highway 13 Burnsville, MN 55337
	Questions? Please call Danette Westerlund, Registrar Phone 952-707-2138 Fax 952-707-2102