Pope John Paul II
Catholic High School
Request for Transcript

Student Name: _____
Last First M.I.

Graduation Year: _____

Address to which Transcript is to be sent:

College/University/Program Name:
_____

Address: _____

City: _____State: _____ Zip: _____

Does this college require a Counselor's Report (not required by all colleges/universities)? ____ Yes ____ No
Does this college require mid year grades to be sent (not required by all colleges/universities)? ____ Yes ____ No

Note: Student is responsible for the correct address. If transcript is to be sent to more than one address, please use additional forms.

Special Instructions:

_____Mail **only** transcript of grades to the party above (no ACT/SAT scores)

_____Mail transcript of grades **plus** ACT/SAT score history

_____Hold for student pickup

Transcripts are released only with a request **SIGNED** by the student. Transcripts from UAH cannot be duplicated. You must contact UAH directly for transcripts.
Please allow 2 work days for processing.

I authorize the release of my academic record to the organization or party listed above.

Signature: _____**Date**:_____