

Catholic High School Request for Transcript

Student Name: _____
Last First M.I.

Social Security Number: _____ Current Grade: _____

Address to which Transcript is to be sent:

School Name: _____

Attn: (if to be mailed to specific individual or dept.): _____

Address: _____

City: _____ State: _____ Zip: _____

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 to the party listed above

_____ Mail with Counselor's Report (please attach report to this request or give to Mrs. Moore)

_____ Send Midyear Grades

_____ Send Midyear Grades with Midyear Report (please attach report or give to Mrs. Moore)

_____ 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: _____