

# Transcript Request

To obtain a copy of your transcript, please fill out the form below. The cost of the transcript is \$5.00 per copy and is due at time of request. **If you require an official transcript we will need the address of the school, scholarship or employers (company) address.** Unofficial copies will be mailed to personal addresses. Transcripts are mailed out within 2-3 business days after Transcript Request is submitted with payment.

NAME \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last (Maiden), First, MI

ADDRESS \_\_\_\_\_  
No. Street City State Zip Code

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DATE OF GRADUATION \_\_\_\_ / \_\_\_\_  
MM DD YYYY MM YYYY

ADDRESS TO SEND TRANSCRIPT TO:

Attn: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_  
Due Date

I authorize Saint Francis School to release a copy of my transcript as described above.

\_\_\_\_\_  
Signature Date

### Credit Card Authorization

I authorize Saint Francis School to charge my credit card for transcript(s) in the amount of \$\_\_\_\_\_.

Name as it appears on card: \_\_\_\_\_

Credit Card Type (circle one): VISA / MASTERCARD

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**"Quality Catholic  
Education in a  
Spirit of Joy"**



**Saint Francis School**

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