



SAINT JOSEPH NOTRE DAME HIGH SCHOOL

## REQUEST FOR TRANSCRIPT

Name on Diploma \_\_\_\_\_ Grad Year \_\_\_\_\_

**Please send transcript to the following:**

College/University/Organization \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check if you DO NOT wish for SAT, ACT, and PSAT scores to be enclosed with your transcript.

Student/Alum Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
\*parent signature required only if student is 16 years or younger

**\*\*Please note: Your first transcript is free. Every transcript thereafter is \$5.00**

For Office Use Only  Fee Paid \$ \_\_\_\_\_  First Transcript (no fee)