



**For Office Use Only**

Date Received: \_\_\_\_\_

Check # \_\_\_\_\_ Amt \$ \_\_\_\_\_

Transcript Mailed: \_\_\_\_\_

**IMMACULATE HIGH SCHOOL GUIDANCE DEPARTMENT  
ALUMNI TRANSCRIPT REQUEST FORM**

Name: \_\_\_\_\_ Graduating class of \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of School:	
Address:	
Application Deadline Date:	

Are there any special instructions?

**Please attach a check for the Transcript Request Fee in the amount of \$7.00 made out to Immaculate High School. Your request form will not be accepted unless payment is attached. (Cash not accepted).**

**I hereby authorize Immaculate High School to release my student's transcript and all other information in my student's college file to the college listed above.**

**Student Signature** \_\_\_\_\_