

## Transcript Request Form

I hereby give permission to Sacred Heart High School to release school records for the person named below. Please include your **maiden name** if applicable.

**Student Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **S.S#** \_\_\_\_\_

**Year of Graduation:** \_\_\_\_\_ **Dates attended:** \_\_\_\_\_

**Please send Transcript to:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Student/ Guardian**

\_\_\_\_\_  
**Date**

**Phone/Contact Number:** \_\_\_\_\_

**You may either mail or fax this completed form. See above for address and fax number.**

**\*A \$5.00 fee is required for all requests and is needed to process the request.**