



JOHN PAUL II CATHOLIC HIGH SCHOOL TRANSCRIPT REQUEST FORM



Official transcript fee: \$3.00 per transcript. Fee will be charged to student account.
ALLOW 3-5 BUSINESS DAYS FOR PROCESSING FROM THE TIME REQUEST IS RECEIVED IN OUR OFFICE.

Student Name: _____ **Class of** _____

Send transcript(s) to:

1. College/University/Other _____
 Address _____
 City/State/Zip _____
 To the attention of: _____
Office: Date sent _____ By _____ Rec'd _____

2. College/University/Other _____
 Address _____
 City/State/Zip _____
 To the attention of: _____
Office: Date sent _____ By _____ Rec'd _____

3. College/University/Other _____
 Address _____
 City/State/Zip _____
 To the attention of: _____
Office: Date sent _____ By _____ Rec'd _____

(Please attach Transcript Request Form, Page 2, if additional transcripts needed.)

I request and authorize the release of my school records/transcript(s) to the colleges/universities/other listed above.

Parent's Signature _____ **Student's Signature** _____ **Date**
(Required, if student is under 18 years of age.)

Please attach to TRANSCRIPT REQUEST FORM (Cover sheet with signatures)

4. College/University/Other _____
Address _____
City/State/Zip _____
To the attention of: _____
Office: Date sent _____ By _____ Rec'd _____

5. College/University/Other _____
Address _____
City/State/Zip _____
To the attention of: _____
Office: Date sent _____ By _____ Rec'd _____

6. College/University/Other _____
Address _____
City/State/Zip _____
To the attention of: _____
Office: Date sent _____ By _____ Rec'd _____

7. College/University/Other _____
Address _____
City/State/Zip _____
To the attention of: _____
Office: Date sent _____ By _____ Rec'd _____