



# ALUMNI Transcript Request Form

Official Transcript Fee is \$5.00 per copy.

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

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Email Address Contact Phone #

\_\_\_\_\_  
Social Security # D.O.B. Year of Graduation Student ID#

**For processing, email from to Melissa Ferrer at [mferrer@stbhs.org](mailto:mferrer@stbhs.org)**

**Official Transcripts must be sealed and delivered by mail. Allow one (1) week from date of request submission for transcripts to be sent.**

## Mail Official Transcripts to:

Official Name of Entity: \_\_\_\_\_  
Name of Recipient: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City State Zip \_\_\_\_\_

Official Name Entity: \_\_\_\_\_  
Name of Recipient: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City State Zip \_\_\_\_\_

## Fax Unofficial Transcripts to:

Official Name of Entity: \_\_\_\_\_  
Name of Recipient: \_\_\_\_\_  
Fax #:(include area code) \_\_\_\_\_

**I hereby give permission to St. Brendan High School to send my transcript.**

\_\_\_\_\_  
Parent / Guardian Signature Student Signature

**Do not write in this space - OFFICE USE ONLY**  
Date Request Received: \_\_\_\_\_ Total # of Transcripts: \_\_\_\_\_ Date Transcript Sent: \_\_\_\_\_  
Total Paid: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_