



**REQUEST FOR OFFICIAL TRANSCRIPT
FROM GRADUATE OR FORMER STUDENT**

Name: _____

Address: _____

Email: _____

Phone: _____

Date of Birth: _____

Year of Graduation or Last Year Attended: _____

Please mail transcript to: _____

If you have additional recipients please list their full address on a separate sheet of paper.

I have attached \$5.00 for each official transcript to this request.

Please mail cash, check or money order made payable to DeMatha Catholic High School to the attention of the Registrar at the address listed below.

I will pick up transcript. If picking up please email the completed form to acarroll@dematha.org. You will be notified by email when the transcript is ready.

For Office Use Only

Date Received _____

Form of payment _____

Date Released _____

Amount Paid _____

Revised 11/10/2020