



Alumnae Transcript Release Form Directions

Complete the below form and the \$10.00 processing fee by either mailing in payment or doing so online at <http://www.cjspiritshop.com/ProductDetails.asp?ProductCode=TRANSCRIPTFEE>. Requests can be completed by fax, email or mail. Please contact Patty Ferrara with any questions at 314-842-1546.

BY FAX: Attn: Patty Ferrara 314-842-6061

BY EMAIL: transcripts@corjesu.org

BY MAIL: Cor Jesu Academy
Attn: Transcripts
10230 Gravois Rd.
St. Louis, MO 63123

Cor Jesu Academy Alumnae Transcript Request Form

Student's Full (Maiden) Name: _____

Graduation Year: _____

I am requesting my transcript record be sent to:

Name of Organization (required): _____

Attention: _____

Address: _____

City, State, Zip: _____

OR faxed to the following number: _____

Purpose: ☐ Transfer Schools ☐ Summer Class ☐ Scholarship ☐ Other: _____

***IF YOU ARE REQUESTING MULTIPLE COPIES, PLEASE LIST ADDITIONAL REQUESTS
ON A SEPARATE PAGE***

I understand that my full transcript will be released to the party listed above and give CJA permission to do so. I also acknowledge I am the student making the request and understand there is a \$10.00 processing fee per transcript.

Signature: _____

Date: _____