

Counseling Center

GRADUATE REQUEST FOR TRANSCRIPT

Name _____
Last First Maiden Name

Year of Graduation _____

Address (current) _____

Phone _____

Email Address _____

Date of Birth _____

Note: There is a \$5.00 charge for each transcript requested.

Please indicate where transcript is to be sent or faxed.

1. College Name or Business _____

Address _____

2. College Name or Business _____

Address _____

*** faxed copies are not considered official transcripts

Signature _____ Date _____

Please send completed form with \$5 per transcript request to

Cardinal O'Hara High School • Counseling Center • 1701 S. Sproul Road • Springfield, PA 19064