If you have any questions regarding transcripts, please contact JCA at (815) 741-0500 x268 or transcript@jca-online.org

Alumni Transcript Request Form

Mail request to: **Joliet Catholic Academy**
Attn: Student Records Coordinator
1200 N. Larkin Avenue
Joliet, IL 60435

Social Security # _____ - _____ - _____
(NOT REQUIRED)

Name: _____ **Graduation Year**: _____
First Middle Initial Last Maiden

Current Address: _____ **Birth Date:** _____

City: _____ **State:** _____ **Zip Code**: _____

Home Phone: (_____)_____ **Work Phone:** (_____)_____

E-Mail: _____ **Cell phone:**_____

I am currently receiving alumni newsletters and correspondence: ☐ **Yes** ☐ **No**

Requesting: ☐ **Academic** Records
(Proof of graduation, courses,
***may include**-Test Scores)*

☐ **School Medical**
(Immunization Record – 9th grade physical)
We do *NOT* have all Medical Records on file PLEASE call or email

☐ **Send To:** _____

_____

_____

Note: TRANSCRIPTS TO BE PICKED-UP: IF THE GRADUATE IS NOT PICKING UP THEIR OWN TRANSCRIPT THE REQUEST MUST STATE THE PERSON'S NAME WHO WILL BE PICKING THEM UP, ID'S ARE REQUIRED.

Comments or Special Directions:

_____

_____

Signature: _____ **Date**: _____
Graduate Signature is required before the transcript request can be processed.
Parents may sign ONLY if the transcripts are mailed.

Please make check or money order payable to: Joliet Catholic Academy (we also accept cash and credit/debit cards)
Transcripts paid by check will have at a minimum of 1 week added to processing
Transcripts ~ $15 each **Unofficial Transcripts ~ $5 each** **School Medical Records ~ $5 each**
Fees may be added for debit/credit card payments

***Please Help Us Keep Our Alumni Database Current by Answering the Following Questions*:**

My spouse is a _____ **graduate of:** ☐ **De LaSalle High School** ☐ **Joliet Catholic High School**
Graduation Year ☐ **St. Francis Academy** ☐ **Joliet Catholic Academy**

If Yes, Please Print Spouse's Full Name (Maiden)_____

FOR OFFICIAL USE ONLY
Business Office Authorization _____ Transcript Fee $_____ Paid $_____

Date Transcript Mailed _____
(Form updated 07022025)