



NAZARETH ACADEMY

1209 W. Ogden Avenue

La Grange Park, IL 60526

708-354-0061 ext.151

registrar@nazarethacademy.com

ALUMNI TRANSCRIPT REQUEST FORM

This service is provided free of charge to all of our alumni.

Student's Name _____ Date of Birth _____
First Maiden Last

Class of _____ Email Address _____ Cell Phone: _____

Current Address / City / State / Zip _____

I hereby authorize Nazareth Academy to release my records to:

Name of Organization _____

Address / City / State / Zip _____

Email Address _____

Please choose type of transcript

☐ Official – Must be mailed in a sealed envelope and opened by the requesting organization

☐ Unofficial – Copy of Transcript

Please indicate delivery method

☐ Mail to (please circle) **Student Address** or **Organization Address** Please allow up to 2 weeks for processing / delivery.

☐ Email to (please circle) **Student** or **Organization**

☐ To Be Picked Up At Nazareth by Student

Postmark By _____ Must Be Received By _____

*ACT & SAT scores, if needed, should be requested through the testing agency www.actstudent.org or www.collegeboard.com.

If transferring from one college to another please indicate current college & reason for transfer

Current College Reason for Transfer

Signature Date

FOR OFFICE USE ONLY

Date Received _____ Mailed or Submitted _____ Registrar Initials _____