MARQUETTE UNIVERSITY HIGH SCHOOL

For Faith, Scholarship and Community

Transcript Request Form

Alumnus Information:

First Name: _____

Middle Name: _____

Last Name: _____

Year of Graduation: _____

Date of Birth: _____

Transcripts to be sent to:

School/Organization: _____

Department/Contact Person: _____

Address: _____

City, State, ZIP: _____

Standardized test scores included: _____ Yes _____ No

Signature: _____

Please send this completed form and a check payable to MUHS for $7.00 per transcript to:

Karen Rinehart
Registrar
Marquette University High School
3401 W. Wisconsin Ave.
Milwaukee, WI 53208