

Transcript Request Form

Name of Student

First Last Maiden

Current Phone Number _____

School (Please, check and indicate)

Holy Cross High School _____ Graduation Year _____

Holy Cross Academy _____ Graduation Year _____

Transcript (Please, check one)

Official _____

Unofficial _____

Forwarding Address

Email Address for an **Unofficial Transcript**:

Postal Address for an **Official Transcript** (Please, print clearly):

Name of Institution/Employer _____

Address _____

There is a \$10 processing fee (**check or money order only**) for all transcripts. Checks should be made out to the **Diocese of Trenton**. Please send the form (see below) and payment to:

Please Note: Transcripts cannot be processed / sent until payment has been received. Please allow 3 business days for processing.

Department of Catholic Schools
Diocese of Trenton
701 Lawrenceville Road
Trenton, NJ 08648
attn: Sherrie Sporek