



# JOHN PAUL II CATHOLIC HIGH SCHOOL TRANSCRIPT REQUEST FORM



**Official transcript fee:** \$3.00 per transcript. Fee will be charged to student account.  
ALLOW 3-5 BUSINESS DAYS FOR PROCESSING FROM THE TIME REQUEST IS RECEIVED IN OUR OFFICE.

**Student Name:** \_\_\_\_\_ **Class of** \_\_\_\_\_

**Send transcript(s) to:**

1. College/University/Other \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 To the attention of: \_\_\_\_\_  
**Office:** Date sent \_\_\_\_\_ By \_\_\_\_\_ Rec'd \_\_\_\_\_

2. College/University/Other \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 To the attention of: \_\_\_\_\_  
**Office:** Date sent \_\_\_\_\_ By \_\_\_\_\_ Rec'd \_\_\_\_\_

3. College/University/Other \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 To the attention of: \_\_\_\_\_  
**Office:** Date sent \_\_\_\_\_ By \_\_\_\_\_ Rec'd \_\_\_\_\_

*(Please attach Transcript Request Form, Page 2, if additional transcripts needed.)*

**I request and authorize the release of my school records/transcript(s) to the colleges/universities/other listed above.**

\_\_\_\_\_  
**Parent's Signature**                      \_\_\_\_\_ **Student's Signature**                      \_\_\_\_\_ **Date**  
*(Required, if student is under 18 years of age.)*

*Please attach to TRANSCRIPT REQUEST FORM (Cover sheet with signatures)*

4. College/University/Other \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
To the attention of: \_\_\_\_\_  
**Office:** Date sent \_\_\_\_\_ By \_\_\_\_\_ Rec'd \_\_\_\_\_

5. College/University/Other \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
To the attention of: \_\_\_\_\_  
**Office:** Date sent \_\_\_\_\_ By \_\_\_\_\_ Rec'd \_\_\_\_\_

6. College/University/Other \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
To the attention of: \_\_\_\_\_  
**Office:** Date sent \_\_\_\_\_ By \_\_\_\_\_ Rec'd \_\_\_\_\_

7. College/University/Other \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
To the attention of: \_\_\_\_\_  
**Office:** Date sent \_\_\_\_\_ By \_\_\_\_\_ Rec'd \_\_\_\_\_