



**Catholic
Memorial**
HIGH SCHOOL

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Counseling Center

ALUMNI REQUEST FOR RELEASE OF TRANSCRIPTS

Transcripts are \$5.00 each

PRINT STUDENT NAME: _____ TODAY'S DATE _____
(Maiden Name if applicable)

STUDENT SIGNATURE: _____ GRADUATION YEAR: _____

CURRENT ADDRESS _____ CURRENT PHONE # _____

There are two requests for sending to schools per each release form.

1st School Name & Address

2nd School Name & Address

*Include Class Rank:
Yes _____ No _____

*Include Class Rank:
Yes _____ No _____

*Rank is automatically included for graduation dates before **2000**.

(Office Use: Paid _____ Ck# _____)