



**ALUMNI REQUEST FOR RELEASE OF TRANSCRIPTS**

*Transcripts are \$5.00 each (if using a credit card, a processing fee of 3% + \$1.00 per transaction will be charged)*

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

STUDENT SIGNATURE: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CURRENT PHONE # \_\_\_\_\_

\_\_\_\_\_ CURRENT EMAIL \_\_\_\_\_

\_\_\_\_\_

**Request #1**

1st School Name & Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Request #2**

2nd School Name & Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Include Class Rank: Yes \_\_\_\_\_ No \_\_\_\_\_

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

**Please contact Christi Wenger at 262-542-7101, ext. 535 with any questions, email form to [cwenger@catholicmemorial.net](mailto:cwenger@catholicmemorial.net), or mail to: Catholic Memorial High School, Attn: Christi Wenger 601 East College Avenue, Waukesha, WI 53186**

<b>Credit Card Information</b>	
Card Type: ___ MasterCard ___ VISA ___ Discover	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/year):	CVV (3-digit number on back of card):
Cardholder Zip Code (credit card billing address):	
Cardholder Signature:	Date:

(Office Use: Amount Paid: Cash \_\_\_\_\_ Ck# \_\_\_\_\_ CC \_\_\_\_\_)