



ALUMNI TRANSCRIPT REQUEST FORM

Date: _____

Name: _____

I hereby authorize St. Peter Chanel High School to send a complete transcript of the above named to the following:

1. Institution: _____

Address: _____

2. Institution: _____

Address: _____

3. Or to: _____

Address: _____

I understand that each request is \$4.00 payable to St. Peter Chanel High School.

Number of transcripts requested _____ @ \$4.00 each = \$ _____

Signature: _____ Date: _____

Submit this request along with check made payable to:

St. Peter Chanel High School—Transcripts
480 Northfield Road
Bedford Ohio 44146-2293

Your transcript(s) will be processed within 5 working days upon arrival.

Office use

Date received: _____ Date mailed: _____ Fee Paid: _____