

ST. PETER CHANEL HIGH SCHOOL

TRANSCRIPT REQUEST FORM

Date _____

Student Name _____ Grade _____

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

Please indicate if you applied on-line by circling "Y" – yes or "N" – no

1. College/University: _____ Y/N
2. College/University: _____ Y/N
3. College/University: _____ Y/N
4. College/University: _____ Y/N
5. College/University: _____ Y/N

I understand that the first transcript I request (partial or final) is free. Additional requests are \$3.00 each. Make checks payable to St. Peter Chanel High School.

Student's Signature _____

Parent's Signature _____
(Required, if student is not 18 years of age)

Date _____

This request form is to be submitted to the guidance office.

--Office use only--

Fee paid in business office

Date mailed _____

Initials _____