



Request for Transcript

PRINT LAST NAME, FIRST NAME, MIDDLE INITIAL

ID

TODAY'S DATE

SOCIAL SECURITY NUMBER

Allow one (1) week from date of request for transcripts to be sent. Cost per transcript: \$1.00
Same day transcript cost \$5.00

Send transcript to:

Name of University or Scholarship: _____

Application herewith

Application sent by student

Application done online

Sealed – I will pick up

I hereby give permission to St. Brendan High School to send my transcript and include standardized test scores such as those from the PSAT, SAT, ACT, and others.

Parent/Guardian Signature

Student Signature

Do not write in this space – GUIDANCE COUNSELOR ONLY

Date request received: _____ Date transcript sent: _____ Fee paid: _____



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