



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: \$3.00
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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