

ST. BRENDAN CATHOLIC HIGH SCHOOL
 TRANSCRIPT REQUEST FORM
 2950 S.W. 87th Avenue, Miami, FL 33165
 Phone:305-223-5181x578 Fax: 305-220-7434



Official Transcript fee is \$5.00 per copy.

Please Print:

FULL NAME:	DATE OF REQUEST:
TELEPHONE NUMBER: ()	YEAR OF GRADUATION:
BIRTH DATE: / /	SS #:

I will pick up _____ Sealed Transcript(s) No

Please mail Transcript(s) to:

NAME OF RECIPIENT:	NAME OF RECIPIENT:
ADDRESS:	ADDRESS:
CITY, STATE, ZIP CODE:	CITY, STATE, ZIP CODE:

Please Fax Unofficial Transcript(s) to:

NAME OF RECIPIENT:	ATT:
FAX #:	

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

or

Student Signature

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Date of Request Received: _____ Date Transcript sent: _____ Initials: _____
 Total #of Transcripts : _____ Total Paid: \$ _____ Total Amount Due: \$ _____