

REQUEST FOR TRANSCRIPT

HOLY CROSS HIGH SCHOOL

26-20 Francis Lewis Blvd., Flushing, NY 11358 • 718-886-7250

Student Information: (Please Print)

PLEASE USE NAME AS SHOWN ON SCHOOL RECORDS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Date of Birth (mm/dd/yyyy): _____

Year Graduated: _____

If not a graduate, indicate last year attended



Please forward official transcript to: (Please print)

APPLICANT IS RESPONSIBLE FOR COMPLETE ADDRESS

Individual / Department: _____

Address: _____

City: _____ State: _____ Zip: _____

SIGNATURE: _____

Date: _____

Fee: Five dollars (\$5) per transcript. Payment is due at the time of the request.

Transcript request, will NOT be honored if previous financial obligations are outstanding.

----- OFFICE USE ONLY -----

Processed by:		Payment Received:	
		Mailed on:	