

# 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 -----

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