

MCGILL-TOOLEN CATHOLIC HIGH SCHOOL



TRANSCRIPT REQUEST FORM

<THERE IS A \$3.00 FEE FOR ALL FORMER STUDENTS>

DATE: _____ **GRADUATION YEAR:** _____

NAME: _____

I REQUEST THAT MCGILL-TOOLEN CATHOLIC HIGH SCHOOL SEND A COPY OF MY ACADEMIC TRANSCRIPT TO:

COLLEGE OR BUSINESS NAME: _____

EMIC TRANS _____

COLLEGE OR BUSINESS ADDRESS: _____
(STREET OR P. O. BOX)

(CITY) _____ (STATE) _____ (ZIP)

PLEASE _____ INCLUDE/ _____ DO NOT INCLUDE MY STANDARDIZED TEST/AP SCORES.
(SCORES WILL BE SENT IF NOT CHECKED.)

SIGNATURE: _____
(ONCE THE STUDENT HAS GRADUATED, THIS MUST BE THE STUDENT'S SIGNATURE.)

FOR OFFICE USE ONLY:

DATE TRANSCRIPT SENT: _____