## VALLE CATHOLIC HIGH SCHOOL

## TRANSCRIPT REQUEST FORM

Student Name:  First		
First	MI	Last
Year of Graduation:		Date of Birth:
Please send a copy of my high school transcri	i <b>pt to</b>	:
1. Name - Address - Zip of School/Institution	1 2	2. Name - Address - Zip of School/Institution
3. Name - Address - Zip of School/Institution	1 4 	4. Name - Address - Zip of School/Institution
	_	t cannot be sent without my written signature. of my transcript can be given to me personally, on
Each transcript request is \$2.00. No fee if tra	anscr	ipt can be emailed to school.
Student Signature		