

**ALUMNI**  
Transcript Request Form

Date sent: _____
Initials: _____

*Transcript fee is \$5.00 per transcript*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Year of Graduation: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

College/Business Name: \_\_\_\_\_

College/Business Address \_\_\_\_\_ Signature: \_\_\_\_\_

Your email address for confirmation \_\_\_\_\_

- |   |   |
|---|---|
| <input type="radio"/> Please mail transcript    | <input type="radio"/> Official Transcript   |
| <input type="radio"/> I will pick up transcript | <input type="radio"/> Unofficial Transcript |

**Please Note:** Typically transcripts are processed within 3 days.

Please mail check to: Pensacola Catholic High School  
Attn: Roxanne S. Bonifay  
3043 West Scott Street  
Pensacola, FL 32505

<b>For Office Use Only</b>		
_____ # Transcript(s)	_____ Total amount due	_____ Paid (check if paid)

**Optional info, but really appreciated by our Alumni Director:**

Name: \_\_\_\_\_ Yr. of Graduation \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Personal email address: \_\_\_\_\_

***Please understand that this information will go NOWHERE other than CHS's Alumni program which is set up to send the CHS Connection Newsletter 3x/year and to let you know of any CHS Alumni activities. It is also EXTREMELY helpful to your Class Representatives when they are trying to set up Reunions, etc. You will receive NO SPAM.***

Thank you very much and if you're living out of town, stop in and see us when you make it back home!

Ms. Jane Moseley  
Development Director