

ALUMNI
Transcript Request Form

School Date sent: _____
Initials: _____

Transcript fee is \$5.00 per transcript

Name: _____ Date: _____
(First) (Middle) (Last) (Maiden)

Graduation Yr: _____ DOB: _____ Ph #: _____ () Cell () Home

Address _____ City _____ State _____ Zip _____

College/Business Name: _____

College/Business Address _____ Signature: _____

Your email address for confirmation _____

Please mail transcript

Official Transcript

I will pick up transcript

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 St. Pensacola, FL 32505

For Office Use Only

_____ # 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: _____

Interested in helping out with Alumni activities for your class? Jobs for out-of-towners also! () Y () No

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!

Mrs. Rita Lay
Director of Advancement/Alumni Affairs