

# TRINITY CATHOLIC HIGH SCHOOL

Where Our Tradition Meets Tomorrow<sup>®</sup>

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Fax: 617.796.9175

Website: [www.trinitycatholic.com](http://www.trinitycatholic.com)

## Official Transcript Request Form

**Instructions:** All requests for transcripts must be submitted in writing. Complete this form with all required information. Make sure that your parent or guardian (*if student requesting transcript is under age 18*) signs in the appropriate place on this form in order to authorize the release of your records. **There is \$15.00 fee for each requested official transcript.** The following information is necessary to process this request:

<b>Name of TCHS Student:</b> _____				
<b>Year of Graduation:</b> _____				
<b>Date of Birth:</b> _____		<b>Email Address:</b> _____		
<b>Day Telephone:</b> _____		<b>Evening Telephone:</b> _____		
<b>Address:</b> _____				
<i>Street</i>	<i>Apt. #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

### **Specific Instructions for Mailing:**

- If you need an official transcript for college or an employer and it must be mailed directly to the college or employer office, please provide the following information:

**Name of student/graduate/guardian/employer requesting transcript:** \_\_\_\_\_

### **Address(es) for Official Transcript Mailing:**

\_\_\_\_\_  
*School or Employer Name*

\_\_\_\_\_  
*School or Employer Street Address*

\_\_\_\_\_  
*School or Employer City, State, Zip Code*

### **I give Trinity Catholic High School permission to release my records to the above named institution:**

\_\_\_\_\_  
*Student Signature (if over 18 years old)*

\_\_\_\_\_  
*Parent/Guardian Signature (if student is under 18 yrs old)*

### **For Office Use Only:**

\_\_\_\_\_ total transcripts requested    \_\_\_\_\_ copies picked up    \_\_\_\_\_ copies mailed    \_\_\_\_\_ faxed copies    \_\_\_\_\_ \$ Rcvd

*Please return this form in person, by mail or via fax.*