Diocese of Madison
Transcript Request

Name of School: ____________________________ Year of Graduation: ____________________________
Last Name: ____________________________ First Name: ____________________________
Maiden Name: ____________________________

Home Address while in High School:
Address: __________________________________________________________
City: ____________________________ State: _______ Zip Code: ____________

Current Address:
Address: __________________________________________________________
City: ____________________________ State: _______ Zip Code: ____________
Phone: ____________________________
Email ____________________________

Transcript to be sent to:
Name: ____________________________
Address: __________________________________________________________
City: ____________________________ State: _______ Zip Code: ____________

Authorization to Release information
Signature: ____________________________ Date: ____________

Return completed form by US postal service, fax or e-mail:

Diocese of Madison
Office of Catholic Schools
702 South High Point Road, Suite 225
Madison, WI 53719

Fax: Attention Office of Catholic Schools
(608) 440-2812

E-mail: schools@madisondiocese.org