

ELYRIA CATHOLIC HIGH SCHOOL

725 Gulf Road; Elyria, OH 44035

440-365-1821

Fax: 440-365-7536

Transcript Request Form

There is a \$3.00 fee for each transcript requested.

DATE

YEAR OF GRADUATION

DATE OF BIRTH

(PLEASE NOTE Class of 2010 and above: It is the responsibility of the student to have his/her ACT/SAT scores sent directly from the testing agency.)

I give permission for the records and standardized scores of:

NAME

ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

to be sent to: _____

SIGNATURE

RELATION OF ABOVE TO STUDENT

For Office Use only:

\$3.00 Fee Paid ____ **Cash** ____ **Check #** ____ **Date Transcript Mailed** _____