

**O'BRIEN HIGH SCHOOL, HACKETT HIGH SCHOOL**  
**HACKETT CATHOLIC CENTRAL**

**TRANSCRIPT REQUEST**

DATE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

NAME AT TIME OF GRADUATION: \_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PLEASE INCLUDE THE FOLLOWING TEST SCORES:

ACT     SAT     MICHIGAN MERIT EXAM

ADVANCED PLACEMENT

I hereby give permission to Msgr. John R Hackett Catholic Central High School, to send my high school transcript, SAT, ACT, Michigan Merit Exam, and/or AP scores to the following institution:

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Please fax this form to: Betsy Ulbrich at 269-381-3919 or e-mail to  
bulbrich@hackettcp.org