



TRANSCRIPT REQUEST FORM

(Please note: Due to privacy laws, only the graduate of Trinity High School can request transcripts and no official transcripts may be mailed to the student directly.)

I hereby request and authorize my transcript to be sent to the institution(s)/college(s) listed below.

Signature of Student: _____

Print Student's Name: _____

Date: _____

Student's Maiden Name (if applicable): _____

Email address (for confirmation purpose): _____

Please include \$4.00 cash, check or money order for each transcript with this request form. Requests that are paid with cash, money order, or PayPal will be processed within 3 days. Please allow **ten days** to process any paid by check (made payable to Trinity High School).

Student Information- Please Print Legibly

Name of Student: _____

Year of Graduation: _____

OR if you transferred/withdrew the last date you attended THS: _____

Current Address: _____

Telephone: _____

Institution(s)/College(s) Mailing Information - Please Print Legibly

Institution/College _____
Mailing Address _____

Institution/College _____
Mailing Address _____

Institution/College _____
Mailing Address _____

Institution/College _____
Mailing Address _____

Office Use Only
Transcript Fee: \$4/transcript Cash _____ Check# _____ Money Order _____ PayPal _____
Received by: _____(initials) _____(date)