



ALUMNI TRANSCRIPT REQUEST
PLEASE PRINT OR TYPE ALL INFORMATION

Directions: Fill out a separate form for each address where the transcript is to be sent. After completing this form, include a check made payable to Chaminade Julienne Catholic High School for \$5.00. For each additional transcript requested at the same time, add \$1.00 per request. Normal processing time is 2-3 business days after CJ receives the request. Mail this completed form and payment to:

Chaminade Julienne Catholic High School
Transcript Request
505 South Ludlow Street
Dayton, OH 45402

Date of Request _____

NAME

Last First Middle

CURRENT ADDRESS

HOME PHONE () _____

CELL PHONE () _____

YEAR OF GRADUATION _____ DATE OF BIRTH _____

FORMER NAME (if applicable) _____

I will pick up transcript (photo ID required)

Mail transcript to _____

I would like an email confirmation that my transcript was sent (due to the number of requests phone calls cannot be made.) My email address is _____

I authorize Chaminade Julienne Catholic High School to release my transcript and any test scores on file (ex. SAT, ACT, PSAT, OGT, etc.) as stated above.

Signature _____

Office Use Only	Date Received	Business Office
	Payment Received	
	Date Sent	