



# Catholic Memorial

## HIGH SCHOOL™

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*Counseling Center*

### ALUMNI REQUEST FOR RELEASE OF TRANSCRIPTS

*Transcripts are \$5.00 each*

PRINT STUDENT NAME: \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
*(Maiden Name if applicable)*

STUDENT SIGNATURE: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CURRENT PHONE # \_\_\_\_\_

\_\_\_\_\_ CURRENT EMAIL \_\_\_\_\_

\_\_\_\_\_

**There are two requests for sending to schools per each release form.**

#### **Request #1**

1st School Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Request #2**

2nd School Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Include Class Rank: Yes \_\_\_\_\_ No \_\_\_\_\_

\*Include Class Rank: Yes \_\_\_\_\_ No \_\_\_\_\_

\*Rank is automatically included for graduation dates before **2000**.

(Office Use: Amount Paid : Cash \_\_\_\_\_ Ck# \_\_\_\_\_ Initials \_\_\_\_\_ )

Please contact Shari Wass at 262-542-7101, ext. 535 or [swass@catholicmemorial.net](mailto:swass@catholicmemorial.net) with any questions.