



ALUMNI REQUEST FOR RELEASE OF TRANSCRIPTS

Transcripts are \$5.00 each (if using a credit card, a processing fee of 15 cents per request will be charged)

PRINT STUDENT NAME: _____ TODAY'S DATE _____
 (Maiden Name if applicable)

STUDENT SIGNATURE: _____ GRADUATION YEAR: _____

CURRENT ADDRESS _____ CURRENT PHONE # _____

_____ CURRENT EMAIL _____

Request #1

1st School Name & Address

Request #2

2nd School Name & Address

*Include Class Rank: Yes _____ No _____

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*Rank is automatically included for graduation dates before 2000.

Please contact Carol Goeller at 262-542-7101, ext. 535 with any questions, email form to cgoeller@catholicmemorial.net, or mail to: Catholic Memorial High School, Attn: Carol Goeller, 601 East College Avenue, Waukesha, WI 53186

Credit Card Information	
Card Type: ___ MasterCard ___ VISA ___ Discover	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/year):	CVV (3-digit number on back of card):
Cardholder Zip Code (credit card billing address):	
Cardholder Signature:	Date:

(Office Use: Amount Paid: Cash _____ Ck# _____ CC _____)