



CATHOLIC SCHOOLS OFFICE

Diocese of Springfield

65 ELLIOT STREET

P.O. BOX 1730

SPRINGFIELD, MA 01102-1730

TELEPHONE: 413.452.0830 FACSIMILE: 413.452.0555



REQUEST FOR STUDENT TRANSCRIPT

PLEASE PRINT

Name of Student: _____ Date of Birth: _____

Address at Time of School Attendance: _____

Current Address: _____

Email Address: _____ Telephone Number: _____

Name and Address of School Attended: _____

Date(s) Attended (M/Y): _____ to _____ Graduation Date: _____

RELEASE OF TRANSCRIPT STATEMENT

I, _____, authorize the Catholic Schools Office to release the academic transcript of the above named student to:

Name and Address of Receiving School: _____

Attention: _____ School Telephone: _____

Email Address: _____ FAX: _____

If you wish to receive the transcript, in lieu of it being sent to a school, please check here:

Name and Address of Receiving Individual: _____

Transcript Requested by: _____ Date Submitted: _____

Signature

Printed Name: _____

Relationship to Student: _____

Complete this form and return it to the Catholic Schools Office, attention Jane Nowak, at:

Mail: 65 Elliot Street, PO Box 1730, Springfield, MA 01102-1730

FAX: 413-452-0555

Email: j.nowak@diospringfield.org