

REQUEST FOR ACADEMIC TRANSCRIPT
FROM
DRISCOLL CATHOLIC HIGH SCHOOL GRADUATES

Date: _____

Name: _____

Address: _____

Phone: _____

Year of Graduation: _____

If you did not graduate from Driscoll Catholic, the year in which you transferred: _____

College/University/Business where transcript is to be sent:

Or home address where transcript is to be sent:

If former student is over the age of (18), the student's signature is required:

Signature

Date

Fee: \$5.00 per copy

Transcript request form should be sent to:

**Christian Brothers of the Midwest
7650 S. County Line Road
Burr Ridge, IL 60527-7959**

For office use only:

Transcript Request Received on: _____

Transcript Request Sent on: _____