



SHRINE CATHOLIC HIGH SCHOOL

TRANSCRIPT REQUEST:

Please print and complete this form, include your **required signature** and return to Shrine Catholic High School's Guidance Office at the below address. Shrine will mail an official copy of your transcript to the requested location. Please include the \$3.00 processing fee made payable to *Shrine High School* with this request form.

NAME: _____

LAST NAME AT TIME OF ATTENDANCE: _____

Phone: _____ Date of Birth: _____

Email: _____

Graduation Year: _____ or year of withdrawal: _____

Address transcript will be mailed to:

Name of college, university or organization / Attn to: Name

Street Address

City, State, Zip Code

REQUIRED SIGNATURE:

By signing this document, I certify that I am the above Shrine student requesting my transcripts on my own behalf.

Shrine Catholic High School
3500 W. 13 Mile Rd
Royal Oak, MI 48073 ▪ (248) 549-2925 ▪ www.shrineschools.com

Office Use:

_____ Date Received _____ Date Transcript was mailed