

ROMAN CATHOLIC HIGH SCHOOL

Alumni Transcript Request

If you are a graduate and would like a copy of your transcript please complete this form and mail to the address below.

If you have any questions please contact Sister Jane Russell at 215-627-1270 ext 131

Also include a check for \$5 made payable to "Roman Catholic High School"

The cost is \$5 per transcript

Please mail to: Roman Catholic High School

301 North Broad St

Phila. PA 19107

Attn: Transcript Request

***** We can not mail an official copy to a home address.**

Name: _____

Phone Number: _____

Date of Birth: _____ Date of Graduation: _____

Name and address of school, company or organization where transcript is to be mailed.

I give my permission to Roman Catholic High School to send my transcripts.
