

Berks Catholic High School

Transcript Request

All transcripts are processed within 5 business days upon receipt of transcript request and clearance of any financial obligation.

Please Print

Name: _____ Year of Graduation: _____ Graduate of : () Berks Catholic H.S

Name at time of graduation: _____ () Central Catholic H.S.

Address: _____ Date of Request: _____ () Holy Name H.S.

_____ Zip: _____ Phone Number: _____

Please mail Transcript to: (Please give full address):

I hereby authorize the release of my high school transcript.

Signature

Pre-Paid Fee Required
Transcript fee is \$5.00
per transcript request.
Amount: _____

Office Use Only

Date Sent