



NOLAN CATHOLIC HIGH SCHOOL

ALUMNI / FORMER STUDENT TRANSCRIPT REQUEST

Today's Date _____ Graduation Year _____

FEE IS \$5.00 FOR EACH TRANSCRIPT REQUESTED

Student Name _____ Date of Birth _____
(please print name at time of enrollment at NCHS)

Person Requesting
Transcript _____
(please print)

Phone _____ Email Address _____

SEND TO:

Name of Institution

Address

City State Zip Code

NOTE: Nolan Catholic does not send test scores. Test scores must be requested of and sent by the testing agency.

Please check here if transcript will be picked up at Nolan Catholic _____

Signature of student or parent requesting transcript

Office Use Only

Received _____ Paid _____ Mailed/Released _____