

**HOLYOKE CATHOLIC HIGH SCHOOL
TRANSCRIPT REQUEST FORM**

Today's Date: _____

Year of Graduation: _____

Social Security No: _____

Date of Birth: _____

NAME: _____

Maiden Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Please send transcript to:

School: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature (required): _____

Please enclose \$4.00 for each official transcript requested. Any questions, please call Mrs. Potvin at 413-331-2480, ext. 1104. Be sure to allow ample time for your request to be processed.

This form must include your signature, transcript fees, and MUST BE MAILED to:

Holyoke Catholic High School

Attention Guidance ó Transcript request

134 Springfield Street

Chicopee, MA 01013