



## Request for Official High School Transcripts

Note there is a \$5.00 fee for each Transcript Requests. Please send check, cash or money order with this form to 3201 Fairview Avenue Parkersburg, WV 26104.

Student Personal Information- This MUST be completely filled in.

Last Name		First Name	
Previous Name, Maiden Name, or full names used while in high school (if applicable)			
Date of Birth	Graduation Date	Phone Number	Total # of Copies Requested
Current Mailing Address			
City/Town	State	Zip Code	
Name of institution(s)		Address of Institution to send Transcript	

Student Authorization (to be completed by the requestor, parent, guardian or legal representation)

I authorize Parkersburg Catholic High School to disclose my transcript information to the destinations listed above in accordance with the instructions I have provided. I understand that this request will be processed only if signed by the student or an authorized person.

Student Signature	Date
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If requesting on the behalf, please specify your relationship

Parent

Guardian