

TRANSCRIPT REQUEST FORM

(Please fax to 547-1722)

I authorize *St. Vincent Jr./Sr. High School, 210 S. Waters, Perryville, Missouri, 63775*

to release to _____
(Name of Company/School) (Address & Phone Number)

any permanent records and information concerning _____
(Former Student's Name)

(Date of Birth) (Graduation Date)

(Student's Phone Number) (Student's Address)

Information to be disclosed is: (check those to be sent)

Transcript

Test Information

Former Student Signature Date

*****There is a \$2.00 fee for anyone who has not graduated this year. It can be mailed/dropped off to St. Vincent High School 210 S. Waters Street. Transcript requests will not be processed until payment is received*****