

CATHEDRAL
HIGH
SCHOOL



260 Surrey Road
Springfield, Massachusetts 01118-1199
(413) 782-5285 • Fax (413) 782-5065
www.cathedralhigh.org

TRANSCRIPT RELEASE FORM

DATE OF REQUEST _____

FEE: \$5.00 PER TRANSCRIPT-- Send with this completed form to:
Cathedral High School,
260 Surrey Rd.
Springfield, MA 01118
Attn: Counseling Office

Name: _____
(first) (last) (maiden name if married)

Year of Graduation: _____

Signature: _____

Tel. No.: _____

___ Unofficial Copy

___ Official Copy

I authorize Cathedral High School to release my transcript including test scores to:

Name and Address of College(s), Institution(s), or Scholarship(s):

1. _____

2. _____

Deadline: _____

Deadline: _____

3. _____

4. _____

Deadline: _____

Deadline: _____