



McGILL-TOOLEN CATHOLIC HIGH SCHOOL

TRANSCRIPT REQUEST

THERE IS A \$3.00 FEE FOR GRADUATES

THE ACT AND SAT SCORES ARE NOT INCLUDED ON YOUR TRANSCRIPT. YOU ARE RESPONSIBLE FOR SENDING YOUR ACT AND/OR SAT SCORES TO EACH COLLEGE.

DATE: _____ **GRADUATION YEAR:** _____

NAME: _____

I REQUEST THAT MCGILL-TOOLEN CATHOLIC HIGH SCHOOL SEND A COPY OF MY ACADEMIC TRANSCRIPT TO:

COLLEGE OR BUSINESS NAME: _____

(CITY) (STATE) (ZIP)

SIGNATURE: _____
(ONCE THE STUDENT HAS GRADUATED, THIS MUST BE THE STUDENT'S SIGNATURE.)

FOR OFFICE USE ONLY:

DATE TRANSCRIPT SENT: _____