



John W. Hallahan
CATHOLIC GIRLS' HIGH SCHOOL

Transcript Request Form

Please type or print

Name: _____
(First) (Middle) (Last) (Maiden)

Current Address: _____

City, State, Zip _____

Email Address: _____

Date of Birth: _____ Dates attended Hallahan: _____

Graduate: Yes ___ No ___ Class of _____

Transcript Request : (please check one or both) _____ Official _____ Unofficial

Residence while at Hallahan:

Address: _____

City, State, Zip _____

For an official transcript, please list name and address of the school where the transcript is to be sent. A self-addressed, stamped envelope should accompany this form.

Name: _____

Address: _____

City, State, Zip: _____

- Please send this form to John W. Hallahan CGHS, 311 N. 19th Street, Philadelphia, PA 19103, any additional questions, please call 215-563-8930 (ext.221)
- Be sure to include \$6.00 fee for EACH transcript requested (official and unofficial)
- Transcripts may be picked up at John W. Hallahan Catholic Girls' High School in the Main Office during regular business hours