



John W. Hallahan
CATHOLIC GIRLS' HIGH SCHOOL

Transcript Request Form

Please send this form to Main Office, 311 N. 19th Street, Philadelphia, PA 19103, any additional questions, please call 215-563-8930 (ext.100)

- Be sure to include \$6.00 fee for EACH transcript requested payable to **“John W. Hallahan C.G.H.S.”**
- Transcripts may be picked up at John W. Hallahan Catholic Girls' High School in the Main Office during regular business hours
- *Please note this cannot be done over the telephone, as we need written authorization from you to release your record.*

Please type or print

GRADUATE INFORMATION

Your Maiden Name _____ Hallahan Year of Graduation _____

Street Address _____

City _____ State _____ Zip _____

Phone # _____ Email: _____

I grant permission to John W. Hallahan C.G.H.S. to release my records to the institution listed below.

Signed _____ Date _____

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.

INSTITUTION WHERE THE TRANSCRIPT SHOULD BE SENT

Name of College/University _____

Attention: _____

Street Address _____

City _____ State _____ Zip _____