

NOLAN CATHOLIC HIGH SCHOOL **TRANSCRIPT REQUEST**

First transcript
is free. There is
a \$2.00 charge
for additional
requests.

Circle One
9th 10th
11th 12th
Alumni

Student Name: _____ **Date:** _____

Transcript for: _____
(name of school, college, scholarship, etc.)

Please include:

___ transcript with courses/grades

___ SAT scores

___ ACT scores

___ PSAT scores

___ AP scores

___ Other

___ **Give to:** _____
(counselor)

___ **Will pick up Official Transcript**
in sealed envelope

___ **Will pick up Unofficial Transcript**

Mail to: (address) _____

Your signature: _____