



Transcript Request/FORMER STUDENT

Name _____ Maiden: _____

Class of: _____ Today's date _____

Request is for: College Application Scholarship

Name of Institution _____

Admission Office Address _____

City _____ State _____ Zip _____ App deadline _____

*** For each additional copy include name and address of institution on the back of this form or on an attached sheet.**

**** For transcript to remain official, it must remain sealed in envelope.**

Please enclose a \$4.00 check or money order made payable to Academy of Holy Angels for each transcript requested.

I hereby grant permission for Academy of Holy Angels to release my official transcript to the above address (es).

Signature: _____

Telephone #: _____

Please mail or fax form to:
Academy of Holy Angels Guidance Office
6600 Nicollet Avenue South
Richfield, MN 55423
Fax # 612-798-2610

Office Use Only

Date received _____ Date Sent _____

Fee Paid \$ _____ Initial _____