

The Catholic High School of Baltimore

TRANSCRIPT REQUEST FORM

Name:

Date of Request:

Year of Graduation:

Date of Birth:

Maiden Name:

Current Address:

Phone:

Email:

Check which type of transcript you are requesting:

Official:

Unofficial:

Please note: An **official** transcript is a certified record of your academic history, **sent directly from your school to another institution** (such as a college or employer) with a registrar's signature and school seal, proving authenticity for formal applications. An **unofficial** transcript is a student-accessible copy without the official seal or signatures and oftentimes is not accepted for official admissions or employment verification.

Transcript to be sent to:

(email or regular mail)

Payment Information: (\$5.00 per copy)

Check One: VISA MC AMEX

Credit Card#:

Exp. Date:

Zip Code:

Note: You may also call the Business Office at 410-732-6200 to pay by phone with a credit card.

For Office Use Only:

Date Paid:

Amount:

08/05/2026

transcript request form