

# 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)*

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**Payment Information:** (\$5.00 per copy)

**Circle 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: