



HIGH SCHOOL TRANSCRIPT REQUEST FORM

(Complete and mail this form to previous high school Guidance/Records Office)

NAME OF PREVIOUS HIGH SCHOOL ATTENDED

STREET ADDRESS / POST OFFICE BOX

CITY, STATE AND ZIP CODE

To Whom It May Concern:

Please mail my child's Official High School Transcript to:

Notre Dame High School, Inc.
Academic Counselor's Office
480 S San Miguel Street
Talofofo, Guam 96915-3540

Student's Full Name:

Date of Birth:

Name of Parent/Legal Guardian (PRINT):

Signature of Parent/Legal Guardian:

Date of Request:

