TRANSCRIPT REQUEST FORM

Cost: $2.00 per transcript (cash or check only)

First Name: ____________________________________________

Last Name: ____________________________________________

Maiden Name (if applicable): ______________________________

Phone Number: ________________________________________

Graduation Year: ________________

Send Transcript to:
______________________________________________________
______________________________________________________
______________________________________________________

No transcript can be sent without a signed request.

Signature: ____________________________________________

Date: _____________________________

MAIL COMPLETED FORM WITH PAYMENT TO:
Wahlert Catholic High School
Attn: Guidance Dept.
2005 Kane Street
Dubuque, IA 52001

FAX COMPLETED FORM TO:
Attn: Guidance Dept.
(563) 583-9771
*Payment must be received before transcript will be sent

QUESTIONS?
Contact the
Wahlert Guidance Office
(563) 583-9771

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