



QUESTIONS?

Contact the
Wahlert Guidance Office
(563) 583-9771

TRANSCRIPT REQUEST FORM

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

**MAIL COMPLETED
FORM WITH PAYMENT
TO:**

Wahlert Catholic High
School
Attn: Guidance Dept.
2005 Kane Street
Dubuque, IA 52001

First Name: _____

Last Name: _____

Maiden Name (if applicable): _____

Phone Number: _____

Graduation Year: _____

**FAX COMPLETED FORM
TO:**

Attn: Guidance Dept.
(563) 583-9771

*Payment must be received before
transcript will be sent

Send Transcript to:

No transcript can be sent without a signed request.

Signature: _____

Date: _____