

REQUEST FOR ACADEMIC TRANSCRIPTS
FROM
DRISCOLL CATHOLIC HIGH SCHOOL GRADUATES

Date: _____

Name: _____

Address: _____

Phone: _____

Year of Graduation: _____

If you did not graduate from Driscoll Catholic,
the year in which you transferred: _____

College/University/Business where transcript is to be sent:

Or home address where transcript is to be sent:

If former student is over the age of 18, the student's signature is required.

Signature

Date

FEE: \$5.00 per copy

Transcripts request form should be sent to:

Christian Brothers of the Midwest
7650 S. County Line Road
Burr Ridge, IL 60527-7959

For Office Use Only:

Transcripts Request Received on: _____

Transcripts Sent on: _____

REQUEST FOR ACADEMIC TRANSCRIPT
FROM
DRISCOLL CATHOLIC HIGH SCHOOL GRADUATES

DATE _____

NAME _____

ADDRESS _____

PHONE _____

YEAR OF GRADUATION _____

IF YOU DID NOT GRADUATE FROM DRISCOLL,
THE YEAR IN WHICH YOU TRANSFERRED _____

COLLEGE/UNIVERSITY WHERE TRANSCRIPT IS TO BE SENT:

OR

HOME ADDRESS WHERE TRANSCRIPT IS TO BE SENT:

Fee: \$5.00

Transcript request should be sent to:

Christian Brothers of the Midwest
7650 S. County Line Road
Burr Ridge, IL 60527-4718
(630) 323-3725