



Official High School Transcript Request

Name: _____

Name at time of attendance (if different than current name): _____

Year of Graduation: _____

Phone Number: _____

Email: _____

Transcripts cost \$5.00 each (check, cash, money order only) and must be requested in writing. Please mail, fax or email this form to:

Archbishop McNicholas High School
Attn: Jennifer Tumser – transcript request
6536 Beechmont Ave.
Cincinnati, OH 45230
Phone: 513-231-3500 ext. 5128
Fax: 513-231-1351
Email: jtumser@mcnhs.org

Please note transcripts will not be sent until payment is paid in full.

Please send one copy of my official transcript to the address below:

Please send an additional transcript to me at the address below (\$5.00 additional fee):

For Office Use Only: Rec'd: _____ Paid: _____ Sent: _____
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Alumni Signature

Date