

### CALVERT HIGH SCHOOL GRADUATE TRANSCRIPT REQUEST FORM

Please complete the following information and return it to Calvert High School Campus – 152 Madison St., Tiffin, Ohio 44883 – along with your check or money order in the amount of \$5.00 made payable to Calvert Catholic Schools. Please print all information neatly (except for your signature).

Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Name: \_\_\_\_\_  
*First, Middle Initial, Last, Maiden*

Complete Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_



Name of College / University: \_\_\_\_\_

OFFICE OF ADMISSIONS

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Signature of Student: \_\_\_\_\_



FOR OFFICE USE ONLY

Date Received in Guidance Office: \_\_\_\_\_ Date Processed and Mailed: \_\_\_\_\_

Guidance Counselor Signature: \_\_\_\_\_