

Bishop Guilfoyle Catholic High School
Graduated Student Transcript Request

Please allow one week for processing

1. Please fill in all requested information and mail to:

c/o Transcript Request

Bishop Guilfoyle Catholic High School

2400 Pleasant Valley BLVD.

Altoona, PA 16602

Full legal name (include maiden): _____

Year of graduation or last year of attendance: _____

Date of birth: _____

Please send my transcript to: _____

Street address: _____

City: _____ **State:** _____ **Zip Code:** _____

Number of copies needed to be sent: _____ **\$5.00 fee per transcript applies**

Upon graduation, only a former student can request that his/her transcript be released. I give permission to Bishop Guilfoyle Catholic High School to release my unofficial and/or official transcript to the organization or person listed above.

Signature

Date

Enclosed Fee: \$ _____