

**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: \$ \_\_\_\_\_