



**GRADUATE REQUEST FOR TRANSCRIPT**

**School Attended:**

CATHOLIC HIGH \_\_\_\_\_  
SACRED HEART \_\_\_\_\_  
ST. ANTHONY \_\_\_\_\_

ST. AUGUSTINE/FR. BERTRAND  
\_\_\_\_\_

CATHOLIC HIGH FOR BOYS  
\_\_\_\_\_  
MEMPHIS CATHOLIC HS/MS  
\_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

GRADUATION YEAR: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH. \_\_\_\_\_

(Please note if name change): \_\_\_\_\_

SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PHONE NUMBER (Best Contact): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Please send my transcript to the following school, program or individual:

Name of Receiving Party: \_\_\_\_\_

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

CHECK ONE OF THE FOLLOWING:

\_\_\_\_\_ Mail \_\_\_\_\_ Hold for Pick-Up

Mail by this Date: \_\_\_\_\_

Additional Comments/Instructions: \_\_\_\_\_

**\$5.00 fee paid to: Memphis Catholic High School**  
Address: 61 N. McLean Blvd.  
Memphis, TN 38104

To Email Request, please complete form, save and attach to email to [smathena@memphiscatholic.org](mailto:smathena@memphiscatholic.org). Request will be processed in a timely manner upon receipt of transcript request payment. Please allow for reasonable records research time. Thank you!