



Bishop McDevitt High School
 1 Crusader Way
 Harrisburg, PA 17111
 Phone: 717-236-7973/Fax: (717) 234-1270

TRANSCRIPT REQUEST FORM

Bishop McDevitt **requires** a request form to be filled out by any graduate in need of a high school transcript. If you have an outstanding financial obligation, you will need to pay that in order for your transcript to be released. Please allow **two weeks** to process this request.

ALUMNI INFORMATION:

<u>First Name</u>	<u>Middle Name</u>	<u>Last Name (Legal)</u>	<u>Last Name at Graduation</u>	<u>Year of Graduation</u>	<u>Birthdate</u>

Please check all that apply:

_____ I need an **OFFICIAL** transcript (embossed, signed and dated) mailed to the following college or university, U.S. Military or place of employment:

INCLUDE RECIPIENT'S NAME AND ENTIRE ADDRESS

_____ I need an **UNOFFICIAL** transcript (NOT EMBOSSED, SIGNED OR DATED)
Please check one or more of the following:

_____ Picked-up by: _____

_____ Faxed: Name: _____ Fax # _____

_____ Emailed: Name: _____ Email _____

_____ Mailed:

INCLUDE RECIPIENT'S NAME AND ENTIRE ADDRESS

Signature: _____ Date: _____

Staff Use Only:
 Date Received: _____
 Date Completed: _____