



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 (EMBOSSSED, SIGNED OR DATED) mailed or emailed to the following college or university, U.S. Military or place of employment:

AN OFFICIAL TRANSCRIPT MAY NOT BE SENT DIRECTLY TO THE GRADUATE.

INCLUDE RECIPIENT'S NAME AND ENTIRE ADDRESS or EMAIL ADDRESS (NOT BOTH)

_____ I need an **UNOFFICIAL** transcript (NOT EMBOSSSED, SIGNED OR DATED)
Please check ONE of the following:

_____ **Emailed:** Name: _____ Email: _____

_____ **Mailed:**

INCLUDE RECIPIENT'S NAME AND ENTIRE ADDRESS

Signature: _____ **Date:** _____

By signing this form, I am authorizing that I am the graduate of Bishop McDevitt High School.

Staff Use Only:

Date Received: _____
Date Completed: _____