



General Transcript Request Form

Student name: _____

Date of request: _____ Date transcript is needed: _____

Please select one of the following options:

_____ Please release my transcript, as instructed below, with all test scores reported to Holy Names Academy by testing agencies. These include AP, ACT, PLAN, PSAT, SAT, and SAT Subject Tests.

_____ Please release my transcript, as instructed below, without test scores reported to Holy Names Academy by testing agencies.

Signature: _____

Please list where your transcript(s) should be mailed (include complete address and the person/organization's name to whose attention it should be addressed):

1.

2.

Total number of transcripts requested: _____ X \$5.00 = \$ _____ enclosed
(Payable to Holy Names Academy)

Which type of transcript needs to be sent? _____ Official or _____ Unofficial

Return this completed request form, along with a \$5 per transcript, to the Registrar's Office at 728 21st Avenue East, Seattle, WA 98112.

Your account must be clear in the Business Office and the transcript fee paid before your transcript can be sent.

For Official use only:

Business Office Clearance Transcript Fee(s) Received Date Sent Recorded in PS