

## ALUMNAE TRANSCRIPT REQUEST



### DIRECTIONS:

Please complete the **Graduate Information** as well as the **Recipient Information**. There is a \$5.00 fee for each transcript request. Please make all checks payable to "Saint Basil Academy." Please allow at least 48 hours for processing. There is an option below to provide an email address for the recipient, so an electronic copy of the transcript can be sent.

Send this completed form along with your check to:

Alumnae Transcript Request  
College Counseling Department  
Saint Basil Academy  
711 Fox Chase Road  
Jenkintown, PA 19046

**NOTE: This request CANNOT be done over the phone, as written authorization is needed to release all records.**

### GRADUATE INFORMATION:

NAME/MAIDEN NAME \_\_\_\_\_ Year of Graduation \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_ I grant permission to Saint Basil Academy to release my records to the institution listed below.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### RECIPIENT INFORMATION:

NAME OF INSTITUTION \_\_\_\_\_

ATTENTION: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_