



Office Use Only

Date Received: ____/____/____
Date Sent: ____/____/____

Alumni Transcript Request

Please print or type all information required

Mail this completed form, along with a check or money order payable to *Archbishop Alter High School* in the amount of \$5.00 for each transcript requested.

Archbishop Alter High School
940 E. David Road
Kettering, Ohio 45429
Attn: Guidance Office

Date of Request _____

Full Name _____

Maiden Name _____ Date of Birth ____/____/____

Current Address _____

Street City State Zip

Daytime Phone (____) _____ Year of Graduation _____

Please indicate to where the official transcript should be sent:

- ☐ The address listed above
- ☐ Other: (if this box is checked, please indicate below)

College/Employer/Other

Address

I hereby give permission to the personnel of Archbishop Alter High School to release school records for the above named graduate. I understand that "school records" as the term used on this form refers to all documents defined by Public Law 93-380 and all amendments thereto.

I understand that my signature on this form relieves the personnel of Archbishop Alter High School of the responsibility to notify me of the release of these school records to the person, school, or agency I have designated.

Signature _____ Date ____/____/____