

ALUMNI/WITHDRAWAL TRANSCRIPT REQUEST FORM

STUDENT NAME (at time of graduation) _____

DATE _____

DATE OF BIRTH _____

YEAR OF GRADUATION _____

FEE: \$1.00 PER TRANSCRIPT

PLEASE SEND MY TRANSCRIPT TO THE FOLLOWING COLLEGE OR BUSINESS:

NAME OF INSTITUTION

ADDRESS

CITY/STATE/ZIP

SIGNATURE _____

Please return to:

St. Pius X High School
Attn: Registrar
5301 St. Joseph's Dr NW
Albuquerque, NM 87120

or

Fax: 505-831-8533
Attn: Registrar