



BISHOP MACHEBEUF HIGH SCHOOL

Transcript Request Form for Former Students

Student Name at time of attendance: _____

Date of Graduation: _____

If student did not graduate, please list dates of attendance _____

I authorize the release of my official transcript to be sent to the institution(s) listed below:

Signature

Date

**Incomplete transcript requests will not be processed.
Please complete all of the fields.**

Name of Institution: _____

Address: _____

Attention to: _____

Please plan in advance and request records well in advance as many of our records are stored off site and official records will be sent via US Mail only.

Please provide your contact information in the event we need to gather more information.

Daytime Phone number: _____

E-mail: _____

**FAX THIS FORM TO 303.344.1582 OR
DROP IT OFF AT THE MAIN OFFICE OR MAIL TO:**

Bishop Machebeuf HS
458 Uinta Way
Denver, CO 80230
Attn: Records Request

date mailed _____ by _____