

TRANSCRIPT REQUEST FOR BISHOP MACHEBEUF HIGH SCHOOL:



This form must be completely filled out for you to receive transcripts from the Office of Catholic Schools in Denver, Colorado. *The completed form must be emailed to school.support@archden.org **along with a photocopy of a government issued I.D.** before transcripts are mailed to the address you designate.*

Name: _____

Mailing Address: _____

Daytime phone number: _____

Date of birth: _____

Requesting: (check one) ☐ Student Copy ☐ Official Copy (sealed)

Name used while in high school at Bishop Machebeuf: _____

Dates attended: _____

Graduation date: _____

Your signature: _____

Date: _____

Please email this completed form and a
photocopy of your government issued ID to:
School.support@archden.org