

ALUMNAE TRANSCRIPT RELEASE FORM DIRECTIONS

- 1) Complete the form below with all information including year of graduation and be sure to include your signature.
- 2) You may request your transcript either via fax or mail.

**BY FAX: ATTENTION FRONT OFFICE
314-533-1618
OR
BY MAIL: Rosati-Kain High School
Attention: Front Office
4389 Lindell Blvd.
St. Louis, MO 63108**

- 3) Transcript requests cannot be processed without the graduate's signature.
- 4) If you have questions, please call 314-533-8513.

ROSATI-KAIN HIGH SCHOOL ALUMNAE TRANSCRIPT RELEASE FORM	
Student's Full (Maiden) Name: _____	
Graduation Year: _____	
Phone Number: _____	
I am requesting my transcript record be sent to: (one request per form) Name of Organization or School (required) _____	
Attention: _____	
Address: _____	
City, State, Zip: _____	
<u>OR</u>	
I am requesting my transcript to be faxed to the organization or school above at the following number: _____	
Purpose: ___ transfer schools ___ scholarship ___ other: _____	
I understand that my full transcript will be released to the party listed above and give Rosati-Kain permission to do so. There will be a \$5.00 processing fee per transcript that must be received in our office prior to transcript being sent.	
Signature: _____	Date: _____