

**ST. EDWARD HIGH SCHOOL
TRANSCRIPT RELEASE REQUEST**

PRINT ALL INFORMATION

APPLICATION DUE DATE _____

NAME _____
(LAST) (FIRST)

YEAR OF GRADUATION _____

SOCIAL SECURITY NUMBER _____

SEND TRANSCRIPT TO _____

COLLEGE ADDRESS _____

SIGNATURE _____

DATE _____

TESTING INFORMATION

_____ INCLUDE TEST SCORES

_____ DO **NOT** INCLUDE TEST SCORES

OFFICE USE ONLY

MH TS

Secondary School Report _____ Application included _____ Common app _____ Mid-year _____

FEE PAID _____ SENT _____

Reg EA ED