

CATHEDRAL  
HIGH  
SCHOOL



260 Surrey Road  
Springfield, Massachusetts 01118-1199  
(413) 782-5285 • Fax (413) 782-5065  
www.cathedralhigh.org

**TRANSCRIPT RELEASE FORM**

**DATE OF REQUEST** \_\_\_\_\_

***FEE: \$5.00 PER TRANSCRIPT-- Send with this completed form to:  
Cathedral High School,  
260 Surrey Rd.  
Springfield, MA 01118  
Attn: Counseling Office***

**Name:** \_\_\_\_\_  
(first) (last) (maiden name if married)

**Year of Graduation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Tel. No.:** \_\_\_\_\_

\_\_\_\_ Unofficial Copy

\_\_\_\_ Official Copy (must be mailed directly to college or organization, official transcripts cannot be taken out of the office-no exceptions!)

*I authorize Cathedral High School to release my transcript including test scores to:*

**Name and Address of College(s), Institution(s), or Scholarship(s):**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Deadline:** \_\_\_\_\_

**Deadline:** \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Deadline:** \_\_\_\_\_

**Deadline:** \_\_\_\_\_