Office Use Only:
Transcript Sent: (Date) ___/___/___
Authorized School Official Signature:
_____

Tampa Catholic High School
Accredited by AdvancED Worldwide

Transcript Request Form – Graduates Only

All transcript Request Forms that are sent via Fax or Mail must be accompanied by a PHOTOCOPY of your I.D. (Driver License or Student I.D. preferred) Please allow a minimum of three days to process your request.

Please complete all information and return to:

Tampa Catholic High School
4630 North Rome Ave.
Tampa, FL 33603
Fax: (813) 877-9136

Student's Last Name: _____ First Name: _____ MI____

Married Name: _____ Email Address: _____

Year of Graduation: _____ Date of Birth: _____

Current Address: _____ City, State, Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Please select one:

- ◯ Graduated Student Copy (Unofficial Transcript) ☐ Mail to address below ☐ Fax to number below
- ◯ Official Transcript ☐ Mail to address below

Please provide complete school/organization name and address:

Fax to: _____ Attention: _____