



Office Use Only: Transcript Sent: ____/____/____ School Rep: _____ Sent Via: ____ Mail ____ eDocs ____ Picked Up
--

Tampa Catholic High School
Accredited by AdvancED Worldwide

TRANSCRIPT REQUEST FORM

Please print, complete and sign this form. The completed form, **along with a copy of your ID**, may be emailed to registrar@tampacatholic.org, faxed to (813) 877-9136 or mailed to the school address (below).

Last Name First Name MI

Name while attending Tampa Catholic (if different from current name)

Current Address City State Zip

Home Phone Number Cell Phone Number

Year of Graduation Date of Birth Email Address

Student Signature (Request cannot be processed without signature)

Please select one:

- Student Copy (Unofficial Transcript) Mail to my home address above
 Mail to address below
 Fax to _____

- Official Transcript Mail to address below

Please provide complete school/organization name and address: