

Sacred Heart Catholic High School  
510 West Pine Street  
Hattiesburg, MS 39401  
Telephone (601) 450-5736

**HIGH SCHOOL TRANSCRIPT REQUEST FORM**

*Transcripts will be mailed. No transcripts will be faxed.*

Sacred Heart Catholic High School has my permission to release the transcript, including test scores of:

\_\_\_\_\_

Full name of student while in attendance at Sacred Heart Catholic High School

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Year of Graduation

Please mail an official transcript to the attention of:

\_\_\_\_\_

(College, Institution, Individual)

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Any additional instructions? \_\_\_\_\_

\_\_\_\_\_

Signature of student or parent if less than 18 years of age

\_\_\_\_\_

Date

Local or toll free telephone number where you can be reached: \_\_\_\_\_

Date received: \_\_\_\_\_

Date mailed: \_\_\_\_\_

Action taken by: \_\_\_\_\_