

Montini Catholic High School

Transcript Request Form Alumni/Former Student

Complete this form and return to the address below with a \$2.00 processing fee (cash or money orders only, personal checks will not be accepted). An official copy of your final transcript will be forwarded as quickly as possible to the provided address. Official copies must be mailed directly to a school or business. Transcripts mailed to your home address are unofficial only. Please note that transcripts will NOT be processed while you wait.

Mail form to: **Montini Catholic High School**
 Registrar
 19 W. 070 16th Street
 Lombard, IL 60148-4797

Date _____

Last Name (Maiden Name if Applicable) First Name Middle Init Graduation Year

Address Birthdate

City State Zip Soc. Sec. No.

Please forward a copy of my transcript to the following address.

Company, College/University _____

Address _____

City, State & Zip _____

Signature (Required) _____

Telephone Number _____

For Office Use:	Date Received _____	Date Mailed _____	Init:
	Fee Received _____	Payment Method _____	