

Holy Rosary High School

Official Transcript Request Form

Please complete this form in order for transcripts to be processed. All transcript requests are free for the first 3 requests. After that, a \$3 fee will be assessed for all transcript requests.

Student Last Name:	Student First Name:	DOB:
Year(s) Attended Holy Rosary:	Grade of Transcript Request:	

Please check at least one:

I will pick up the transcripts: _____

Please mail transcripts: _____

Fax Transcripts to: _____ Attn: _____

(Faxed transcripts are not considered Official)

Please send # official transcript(s) to the following address:

Name:

Address:

Parent signature: _____ Date: _____

Official Use Only
Date completed:
Signature of school official:

3368 Esplanade Avenue, New Orleans, LA 70119 504-482-7173

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