

ALUMNAE REQUEST FOR TRANSCRIPT

Please print and fill out this form to request a transcript. In order to be official, transcripts may not be sent to alumnae; they must be sent directly to the institution to which you are applying. There is a \$5.00 processing fee for **each** transcript. Checks should be made payable to "Our Lady of Mercy Academy" and mailed to: Our Lady of Mercy Academy, Guidance Department, 815 Convent Road, Syosset, NY 11791. ***No transcripts will be sent out without payment.***

Today's Date: _____

Maiden Name _____ First Name: _____

Married Name: _____ Year of Graduation: _____

Current Address: _____

Phone Number: _____

College #1 Name: _____

Contact Person/Office: _____

College Address: _____

College #2 Name: _____

Contact Person/Office: _____

College Address: _____

For Office Use Only:

Date Request Rec'd: _____ *Check #:* _____ *Date transcript(s) mailed:* _____