



MARIN CATHOLIC
 ATTN: MRS. PUCHIR, REGISTRAR
 675 SIR FRANCIS DRAKE BLVD, KENTFIELD, CA 94904
 415-464-3866

Alumni Transcript Request Form

Please provide the following information and remit a check for \$5.00 for *each* transcript requested. Make your check out to MCHS and mail with this completed form to the above address.

You are welcome to stop by with this completed form and ID during regular school hours and transcripts can usually be provided immediately, please call 464-3866 before stopping by.

Sorry, NO credit cards.

Your request will be filled and mailed as soon as possible.

Name at graduation: _____

Signature _____ Today's date: _____

Year of graduation: _____

DOB: _____

Last 4 digits of SNN: _____

Current telephone/cell number: _____

Email address (you will be notified when transcript/s mailed): _____

Complete address for mailing of transcript/s:

(Additional addresses, please use back of form)

Transcript/s will be mailed in "official" sealed and stamped envelope/s.

MC Registrar/Date received: _____	Date mailed: _____	Emailed: _____
Paid: Check _____		Cash _____