

NOTRE DAME PREPARATORY HIGH SCHOOL

ALUM TRANSCRIPT REQUEST FORM

Please allow 10 Regular School Days for processing.

E-Mail Requests will NOT be honored.

DATE REQUESTED: _____

NAME: _____
(Print legal name while attending NDP HS)

YEAR OF HIGH SCHOOL GRADUATION: _____

MAIL TO: _____
(Name of college, scholarship organization, institution, etc.
PRINT FULL TITLE, NO ABBREVIATIONS, PLEASE.)

(Street Address)

(City, State, Zip)

(Phone number where you can be reached)

I request that my transcript be mailed to the party listed above.

Student's signature (required)

Date

Please mail or fax your request to: Attention: Counseling Office
Notre Dame Preparatory High School
1300 Giddings Road
Pontiac, MI 48340

Counseling Phone: (248) 373-9649 Fax: (248) 373-8024