

NOTRE DAME PREPARATORY SCHOOL

ALUMNI TRANSCRIPT REQUEST FORM

Please allow 5 Regular School Days for processing.

DATE REQUESTED: _____

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

YEAR OF HIGH SCHOOL GRADUATION: _____ or withdrew: _____

Birthdate: _____

Current address: _____

Phone Number: _____ E-mail address: _____

I need: Official Transcript _____ Unofficial Transcript _____
(with HS seal & in sealed envelope) (unofficial stamped on it)

Mail Transcript To: _____

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

(To the attention of: ex. Admissions Office, Coach Name, etc.)

(Street Address)

(City, State, Zip)

By signing this form, 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 School
1300 Giddings Road
Pontiac, MI 48340
(248) 373-9649—phone
(248) 373-8024—fax

Or email this request form to:

dprivert@ndpma.org