

ARCHBISHOP CARROLL HIGH SCHOOL
211 MATSON FORD ROAD
RADNOR, PA 19087

GUIDANCE DEPARTMENT

What is the deadline for this application or transcript? _____

TRANSCRIPT RELEASE FORM

Please send a transcript of my high school grades, including class rank to:

NAME (Please print): _____

MAIDEN NAME (if applicable): _____

Social Security No.: _____

ADDRESS: _____

PHONE NUMBER: _____

YEAR OF GRADUATION: _____

Address while attending Carroll, if different from above:

DATE: _____

(\$5.00 transcript fee required)

Signature