

OFFICIAL TRANSCRIPT REQUEST FORM

Date: _____

Name: _____

Birth date: _____

Please send a transcript of my credits to: _____
Name of college or business

Street Address

City & State

Signing this document gives St. Francis Borgia Regional High School permission to release my transcript to the institution listed above.

Signature

Year of Graduation

There is a \$3.00 fee for processing a transcript. Please send the fee with your name and graduation year to: St. Francis Borgia Regional High School, 1000 Borgia Drive, Washington, MO, 63090 and make it to the attention of the Registrar. Thank you.

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