



**Peninsula Catholic High School
Alumni Transcript Request**

Name _____
Last First Previous Name(s)

Years Attended: _____ to _____ Birthdate: _____

Address _____
Number and Street

City State Zip

Telephone () _____ () _____ () _____
Home Cell Work

Email Address: _____

Please Check:

Unofficial Transcript* # requested _____ (check one) faxed emailed mailed

Official Transcript*
requested _____ X \$2.00 = \$ _____

*processed within 2-3 business days.

Rush Request (official transcript processed within 24 hours)
requested _____ X \$5.00 = \$ _____

Method of Payment:

- Check or Money Order Attached \$ _____ (made payable to PCHS)
- Cash Attached (only accepted in person at the main office of PCHS) \$ _____
- Credit Amount Charged \$ _____

Credit Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date:

--	--	--	--

 Card Verification Code: (from card signature panel)

--	--	--	--

Please send transcript(s) to:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Fax Number: _____

Fax Number: _____

Use reverse side for additional requests.

Check if you will pick up your transcript(s) at the PCHS main office.
Please allow 2-3 business days from receipt of request (24 hours if a rush request).

Student Signature: _____ **Date:** _____

Print this form and mail or fax to:

Peninsula Catholic High School, Attn: Transcript Request, 600 Harpersville Rd., Newport News, VA, 23601

Fax # (757) 591-9718