

CHAMINADE COLLEGE PREPARATORY
Transcript Request Form

Send transcripts to the institutions
listed below:

Will pick up/
Do NOT mail

Fees: Grades 9-11 \$3.00 each/alumni \$5.00 each

Print full name: _____

Year of graduation: _____

Student signature: _____

Date ordered: _____

*For office use only

Amount paid: _____

Date sent: _____

CHAMINADE COLLEGE PREPARATORY
Transcript Request Form

Send transcripts to the institutions
listed below:

Will pick up/
Do NOT mail

Fees: Grades 9-11 \$3.00 each/alumni \$5.00 each

Print full name: _____

Year of graduation: _____

Student signature: _____

Date ordered: _____

*For office use only

Amount paid: _____

Date sent: _____