



Seton Catholic Central Middle School and High School

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Transcript Request

Please note: Official transcripts are sent only to academic institutions or potential employers. All other transcripts will be unofficial.

First Name _____

Last Name at the time of graduation _____

Date of Birth _____

Year of Graduation _____

School that you graduated from:

____ Seton ____ Mount Assumption ____ St. John's ____ Other

Phone number in case you need to be reached _____

Your Signature _____

Where the transcript should be sent:

Name of Institution _____

Attention _____

Address _____

City _____

State _____

Zip _____

Please mail this request along with a check or money order for \$5 to

Transcripts
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