

ST. STEPHEN HIGH SCHOOL

Request for Transcript Information



Name: _____ DOB: _____

Graduation year or last year in attendance (and grade) at St. Stephen High School:

Transcript(s) to be sent to:

Program:

1. _____

2. _____

3. _____

I hereby allow the release of my transcript to the above stated post-secondary institution(s).

Student's Signature: _____

Please send: a) early: _____ b) regular _____

Counsellor's initials: _____ Date: _____

Comments:

