

Alumni Transcript Request

(Please print)

Full Name while attending Notre Dame _____

Birthdate _____ Last 4 digits of Social Security number _____

Phone _____ Year of Graduation _____

Send to the following College, Employer, etc:

1.

2.

3.

4.

Due Date: _____

Special Instructions: _____

There is a \$5.00 handling fee. If you graduated within the last year, the fee is waived.

Mail to: Notre Dame Regional High School
265 Notre Dame Drive
Cape Girardeau, MO 63701

For questions contact the Guidance Department direct line 573-335-3701, ext. 1

For office use only

Date sent: _____ (E)= Sent Electronically, (F)= Faxed