

HOLY CROSS HIGH SCHOOL
501 East Drinker St. Dunmore, Pa. 18512

TRANSCRIPT FEE: \$5.00 per transcript – **Please submit a check made out to Holy Cross High School and a signed copy of this form before the transcript will be released.**

PLEASE PRINT

Student Name _____
(Include Maiden Name)

Year of Graduation _____ from _____ Cathedral/Bishop Hannan HS

Year of Graduation _____ from _____ Holy Cross HS

Year of Graduation _____ from _____ South Catholic/ Bishop Klonowski HS

Year of Graduation _____ from _____ DCC/Bishop O'Hara HS

Signature of Student _____

Date _____

PLEASE LIST YOUR PRESENT ADDRESS AND TELEPHONE/CELL:

I hereby authorize the Guidance Department of Holy Cross High School to send a transcript of my High School record to:

1. _____

2. _____

3. _____

