

Our Lady of Mercy High School
Counseling Offices, Mrs. Pagano
1437 Blossom Road
Rochester, NY 14610
(585) 288-7120, ext. 317
tpagano@mercyhs.com

ALUMNA TRANSCRIPT REQUEST

Official transcripts need to be mailed directly from OLMHS. You may request an **unofficial** transcript be sent directly to you for your personal records.

Current Date _____ Year of Graduation _____

Name _____ Birth Date _____
Last First Maiden

Request for:

_____ College Admission Deadline _____
_____ Scholarship _____
_____ Employment Counselor Recommendation _____
_____ Unofficial _____

Mail to:

Name _____
Address _____

_____ Name _____
Address _____

YOU HAVE PERMISSION TO RELEASE MY TRANSCRIPT & TEST SCORES (If required, you must indicate if you would like these sent):

Signed _____ Date _____

Address _____ Phone _____

FOR OFFICE USE:

Date mailed _____ Recorded by _____