

# Rosary High School

*A College Preparatory Institution*

www.rosaryhs.com



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## ALUMNAE TRANSCRIPT REQUEST

**Please complete this form and mail it to the attention of Mrs. Judy Driscoll at Rosary High School along with a check or money order for \$5.00. Privacy considerations require that we send transcripts only upon receiving written authorization.**

Name: \_\_\_\_\_  
(Last) (First) (Maiden)

Year Graduated: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Information:

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize Rosary High School to release official transcript information to the following address:

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Please include any additional information that will help us locate and send your transcripts:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_