

TRANSCRIPT REQUEST FORM

Holy Angels High School



Office of the Registrar, 320 Porter Avenue, Buffalo NY 14201, 716.829.8347 / Fax 716.829.7622

Classes taken at D'Youville are not reflected on Holy Angels transcripts.

Student Name (**PRINT**): _____

Maiden Name(s) (if applicable): _____

Date of Birth (MM/DD/YY): _____ OR Social Security # _____

Attended from: _____ to _____ Graduated? YES NO

Phone Number: (____) _____ - _____

Email Address (Print Clearly): _____

Address: _____

Street Address, APT

City

State

Zip/Postal Code

Country

SEND TRANSCRIPT TO

- Mail to Self
- Mail to up to three schools/companies/organizations

Contact Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Country (if not U.S.) _____

Contact Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Country (if not U.S.) _____

Contact Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Country (if not U.S.) _____

I authorize the release of my academic transcript as indicated by the instructions noted on this form:

Student **Signature**: Date: _____

Fax (716-829-7622), Mail (Office of the Registrar, 320 Porter Avenue, Buffalo, NY 14201) or email (registrar@dyc.edu) completed form.

Please allow three to five business days for processing.