



## Catholic Memorial School

# Alumnus Transcript Request

*Please print.*

Date of Request \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Year of Graduation \_\_\_\_\_

I Request that my Official High School Transcript be sent to:

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Alumnus Signature \_\_\_\_\_

*Please email this form as an attachment to the attention of Ms. Elaine Adjemian, Guidance Office, at [elaineadjemian@catholicmemorial.org](mailto:elaineadjemian@catholicmemorial.org), or fax to her attention at 617-325-0888.*