



## Transcript Request Form

Student name: \_\_\_\_\_  
(Name of student when enrolled at HNA)

Year of Graduation: \_\_\_\_\_ -OR- Years attended: \_\_\_\_\_

Date of request: \_\_\_\_\_ Date transcript is needed: \_\_\_\_\_

Please list where your transcript(s) should be emailed or sent by postal service.

Include complete address and the person/organization's name to whose attention it should be addressed.

Please note: Official transcripts may only be sent by postal mail. If a transcript is sent by email attachment, it will be stamped "unofficial."

1.

2.

(List additional addresses on back side/second page.)

Total number of transcripts requested: \_\_\_\_\_ x \$5.00 = \$ \_\_\_\_\_  enclosed

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

Printed name (if different from name when you attended): \_\_\_\_\_

Contact email or phone number: \_\_\_\_\_

Submit your transcript request electronically by emailing this completed form to [attendance@holynames-sea.org](mailto:attendance@holynames-sea.org) and paying the \$5 fee through Paypal using this [link](#).

Or mail this completed request form, along with \$5 per transcript (checks payable to Holy Names Academy), to:

**Transcript Request; Attendance Office**

**Holy Names Academy**

**728 21st Avenue East, Seattle, WA 98112**

***\*Your account must be clear in the Business Office and the transcript fee paid before your transcript can be sent.***

For official use only:

Business Office Clearance  Transcript Fee(s) Received  Date Sent  Recorded in HNA records