

**Cardinal Wuerl North Catholic High School
Transcript Request Form for Former Students and Graduates ONLY**

***Please submit a \$3 fee for each request.**

Name _____ Graduation Year _____
Last First M.I.

Maiden Name (if married) _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ - _____

**I HEREBY AUTHORIZE CARDINAL WUERL NORTH CATHOLIC HIGH SCHOOL TO RELEASE
A TRANSCRIPT TO:**

Name of College, Employer, etc. _____

Address _____

City _____ State _____ Zip Code _____

DEADLINE DATE by which transcript must be received ____/____/____

(Please allow two weeks processing time.)

SIGNATURE _____ DATE ____/____/____

*Transcript request should be mailed with a check or money order made payable to
Cardinal Wuerl North Catholic High School.

Please mail request to:

Cardinal Wuerl North Catholic High School
Office Manager/Student Records
1617 Route 228, Cranberry Township, PA 16066
(412) 321-4823
