

ALUMNAE TRANSCRIPT REQUEST FORM

Student's Maiden Name: _____

Student's Married Name: _____

School Attended (Please check):

Seton High School Archbishop Keough The Seton Keough H.S.

Year of Graduation: _____

Date of Request: _____

Telephone number or email address you can be reached at in case of questions: _____

PLEASE NOTE: THERE IS A \$5.00 PROCESSING FEE BY CHECK OR MONEY ORDER FOR EACH TRANSCRIPT REQUEST PAYABLE TO: SETON KEOUGH H.S. 1201 CATON AVE. BALTO., MD 21227, ATTN: MRS. DAVEY, GUIDANCE DEPT. AFTER RECEIPT OF REQUEST, THERE IS A 48 HOUR TURNAROUND.

Place Where Transcript should be mailed to: _____

ALSO, YOU MAY ALSO PICK UP YOUR TRANSCRIPT IN PERSON PROVIDED THAT YOU HAVE NOTIFIED MRS. DAVEY BY E-MAIL DDAVEY@SETONKEOUGH.COM OR BY PHONE 410-646-4444 X 1208. AGAIN, 48 HOURS NOTICE IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. PLEASE BRING THE \$5.00 PROCESSING FEE WITH YOU AT THAT TIME.

WHEN YOU RECEIVE YOUR TRANSCRIPT, THERE WILL BE A STAMP ON THE BACK OF THE SEALED ENVELOPE. THIS MUST REMAIN SEALED IN ORDER FOR COLLEGES AND EMPLOYMENT AGENCIES TO ACCEPT YOUR TRANSCRIPT AS AN OFFICIAL DOCUMENT. PLEASE DO NOT OPEN.

THANK YOU.

STUDENT SIGNATURE: _____