

480 S SAN MIGUEL STREET TALOFOFO, GUAM 96915-3540 T: (671) 789-1676/1677/1717/1745 F: (671) 789-4847 E: info@ndhsguam.com W: www.ndhsguam.com

HIGH SCHOOL TRANSCRIPT REQUEST FORM

(Complete	and mail this form to pre	evious high school Guidance/Records Office)
	NAME OF PREVIOU	US HIGH SCHOOL ATTENDED
	STREET ADDR	RESS / POST OFFICE BOX
	CITY, STA	ATE AND ZIP CODE
To Whom It May Conce	ern:	
Please mail my child's (Official High School	Transcript to:
Notre Dame High Schoo Academic Counselor's (480 S San Miguel Street Talofofo, Guam 96915-:	Office	
St	tudent's Full Name:	
	Date of Birth:	
Name of Parent/Legal	Guardian (PRINT):	
Signature of Pare	ent/Legal Guardian:	
	Date of Request:	



