Notre Dame High School, Inc.



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Transcript Request Form

Please write clearly when making your request and provide all information. Illegible and incomplete requests cannot be processed. Transcripts are processed as soon as possible, but please allow at least four (4) business days before the transcript is needed, or two (2) weeks during the beginning and end of a semester. Transcripts will only be released to students or alumni who are in good standing with the Business Office. Payment must be received by the Business Office before transcripts can be released. Note: Credit card payments can be called in or paid online however there is a conveinence fee or by faxing a completed Credit Card Authorization form on form on our website at www.ndhsguam.com.

Student ID Number/SSN	Date of Birth	Email Address	Contact Number
Student's Full Name		Former or Maiden Name	
Current Mailing Address		Year(s) Attended/Graduated	
TRANSCRIPT TYPE: Please i	ndicate the number of	transcripts, per type, req	uired.
First Standard Official Transcript (Free)		Standard Official (\$10 per copy)	
Expedited (\$25 per offi	cial/unofficial copy)	Standard Unoff	ficial (\$10 per copy)
□ WILL PICK UP OR RELEA			
☐ EMAIL ADDRESS & ATTN	TO: (only for unofficial	al copies)	
☐ FAX NO. & ATTN TO: (only	for unofficial copies)		
☐ TRANSCRIPT TO BE SENT			
Student's Signature		$\overline{\overline{D}}$	Date



