

## NOTRE DAME HIGH SCHOOL, INC. 480 S. San Miguel Street Talofofo, GU 96915

Tel: (671) 789-1676/77/1717/1745 Fax: (671) 789-4847

## REQUEST FOR ACADEMIC TRANSCRIPT

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 only accepted in person, or by faxing a completed Credit Card Authorization form to (671) 789-4847. You may download the Credit Card Authorization form on our website at <a href="https://www.ndhsguam.com">www.ndhsguam.com</a>.

Student ID Number	er/SSN	Date of Birth	Email Address	Contact Number	
Student's Full Nar	me		Former or Maiden Name		
Current Mailing A	ddress		Year(s) Attended/Graduated	d	
TRANSCRIPT TYP	PE: Please indicate the nu	mber of transcripts, per	type, required. First Standard Transc	cript copy is free.	
Standard Official (\$10 per copy)		Student Verification (\$7 per copy)			
Standard Unofficial (\$10 per copy)		Expedited (\$25 per official/unofficial copy)			
☐ WILL PICK U	P OR RELEASE TO:				
☐ EMAIL ADDR	ESS & ATTN TO: (only	for unofficial copies)			
☐ TRANSCRIPT	TTN TO: (only for unoffi TTO BE SENT TO: address, please use ba				
Student's Signatu	re				
· ·					
FOR OFFICE USE	ONLY				
AMT/RECEIPT#		By:			
	☐ 1 <sup>st</sup> Copy (Free)				
HOLD FOR:	OLD FOR:  Tuition/Fees Clearance  Book Return Clearance				