



Notre Dame High School, Inc.
Sponsored by the School Sisters of Notre Dame
Accredited by the Western Association of Schools and Colleges
and the Western Catholic Educational Association

MIDDLE SCHOOL TRANSCRIPT REQUEST FORM

(COMPLETE AND MAIL THIS FORM TO PREVIOUS MIDDLE SCHOOL GUIDANCE/RECORDS OFFICE)

NAME OF PREVIOUS MIDDLE SCHOOL ATTENDED

STREET ADDRESS/PO BOX

CITY, STATE AND ZIP CODE

To Whom it May Concern:

Please mail my child's Official Middle School Transcript to:

Notre Dame High School, Inc.
Academic Counselor's Office
480 S. San Miguel Street
Talofofo, Guam 96915

STUDENT'S FULL NAME: _____

DATE OF BIRTH: _____

NAME OF
PARENT/GUARDIAN (PRINT): _____
SIGNATURE OF PARENT/LEGAL
GUARDIAN: _____

DATE OF REQUEST: _____



480 S San Miguel St. Talofofo, Guam 96915-3540
T: (671) 789-1676/1677/1717/1745 • F: (671) 789-4847 • E: info@ndhsguam.com • W: www.ndhsguam.com

