



**OFFICIAL TRANSCRIPT REQUEST**

Date of Request: \_\_\_\_\_

Please identify the school from which you graduated:

Cardinal Dougherty

Bishop McDevitt

Name at Graduation: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

***Send Transcript to:***

Institution/Employer Name \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

***Please include a \$5.00 processing fee with each request. All checks should be made payable to:***

Bishop McDevitt High School  
125 Royal Avenue  
Wyncote, PA 19095  
c/o/ Mrs. Jac-lyn Hayes

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Sent: \_\_\_\_\_