

**OFFICIAL TRANSCRIPT REQUEST FORM**

JOHN CARROLL CATHOLIC HIGH SCHOOL  
GUIDANCE OFFICE  
3402 DELAWARE AVENUE \* FORT PIERCE, FLORIDA 34947  
PHONE: (772) 464-5200 FAX: (772) 489-4259  
www.johncarrollhigh.com

**To have your official John Carroll High School transcripts sent:**

Please submit this written request to the JCHS Guidance Office at the address or fax number noted above. There is a \$5.00 (per transcript) fee for sending transcripts. Please allow 3-5 workdays for processing. This fee should be included with the request and should be in the form of cash or personal check.

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- ***Please Note – No Transcript will be released until all obligations to JCHS are satisfied.***

Student Name \_\_\_\_\_ D.O.B \_\_\_\_\_  
**(Please Print)** Last First Middle

Previous Last Name(s) – Maiden  
\_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

Graduating Class of: \_\_\_\_\_

**SEND TRANSCRIPT(S) TO:** (Please print name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The only student pick-up of transcripts is for those going to IRCC. (Photo ID required for all pickups.)

**I HEREBY AUTHORIZE THE RELEASE OF MY OFFICIAL TRANSCRIPT(S) AS NOTED.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_