

Alumni Transcript Request Form
Bishop Canevin High School

Information at time of Graduation as it appeared on your record when you attended Bishop Canevin.

(Maiden)
Name _____ Year of Graduation _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security _____

Your Current Name & Address:

Name: _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Cell phone # _____

- Send unofficial transcripts to my current address
- OR
- Send official transcript(s) to the following College(s) or employer:

Signature _____ Date _____

Please include the fee of \$3.00 per transcript, make check payable to Bishop Canevin High School and return the completed form and fee to:

Office of the Registrar
Bishop Canevin High School
2700 Morange Road
Pittsburgh, PA 15205

Ph: 412.922.7400 ext. 24

Office Use Only
Fee paid _____
Send Invoice _____
Transcripts Sent _____

Note:
All **OFFICIAL** TRANSCRIPTS must be mailed *from the school directly* to a College or employer.
Only **UNOFFICIAL** TRANSCRIPTS can be sent to the individual.