

Alumni Transcript Request Form

Bishop Canevin High School

Name & address at time of Graduation as it appeared on your record **when you attended** BC.

Name (Maiden) _____ Year of Graduation _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____

Current Name & Address:

Name: _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Important:

All **OFFICIAL TRANSCRIPTS** must be mailed/emailed from BCHS directly to a College or employer.

Only **UNOFFICIAL TRANSCRIPTS** can be sent to the individual.

Please Check one:

Send unofficial transcripts to my current address or email.

OR

Send official transcript(s) to the following institutions or employer:

Name:	Contact Email:

Signature _____ Date _____

This form can either be mailed to Bishop Canevin High School, emailed to our School Counselor, Mrs. Stephanie Miller at millers@bishopcanevin.org, or to our Administrative Assistant, Mrs. Heather Huang at huangh@bishopcanevin.org.

Counseling Office
Bishop Canevin High School
2700 Morange Road
Pittsburgh, PA 15205

(All information is kept confidential and used only by Bishop Canevin High School for identification purposes and alumni updates)