



# Diocese of Madison Transcript Request

**Name of School:** \_\_\_\_\_ **Year of Graduation** \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_

-----  
**Home Address while in High School:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

-----  
**Current Address:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

-----  
**Transcript to be sent to:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

-----  
**Authorization to Release information**

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

-----  
Return completed form by US postal service, fax or e-mail:

Diocese of Madison  
Office of Catholic Schools  
702 South High Point Road  
Madison, WI 53744-4983

Fax: Attention Office of Catholic Schools  
(608) 821-3181

e-mail: Michelle.Larson@straphael.org