



**RELEASE OF TRANSCRIPT  
for SJHS ALUMNI**

I do hereby give my permission for forwarding of all copies of all reports, including transcripts, test scores, pertaining to:

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(Please PRINT student name, including maiden name if applicable)

Grad Year \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\*\*In case we need to contact with question.

Please send this information to:

Information from: Saint Joseph High School  
800 Montana Ave  
Natrona Heights, PA 15065  
Attention: School Counselor

Signed \_\_\_\_\_

Date \_\_\_\_\_

\*\*Please allow 7-10 school days for processing transcripts

\*\*There is a \$3 fee for each transcript requested. Checks payable to St. Joseph High School

800 Montana Avenue  
Natrona Heights, Pennsylvania 15065-2094