

Transcript Request Form

Student Name (while enrolled) _____

Request Date _____

Year of Graduation _____

Number Official Copies _____

(Official Copies will be in sealed envelopes which cannot be opened by you or they become Unofficial)

Alumni Only:

Mail to (Please Check)

_____ Student (Reminder that opened transcripts become Unofficial)

_____ Institution

Please complete this form and mail to:

Attn: Mrs. Imberi
Roncalli High School
1400 N Dakota St.
Aberdeen, SD 57401

Or email: laurie.imberi@aberdeenroncalli.org