



*The Sacred Heart School of Montreal*  
 3635 Atwater Avenue  
 Montreal, Quebec - H3H 1Y4  
 Tel.: (514) 937-2845 Fax: (514) 937-8214

## REQUEST FOR TRANSCRIPT

Name of student: \_\_\_\_\_ Tel.: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
 month / day / year

Last year of attendance at The Sacred Heart School of Montreal: \_\_\_\_\_ Grade: \_\_\_\_\_

Mail official transcript to: \_\_\_\_\_

Please print or type

Mail student's copy  
if required to:

Please print or type

email address: \_\_\_\_\_

A fee of \$10.00 per official transcript must accompany each request. Use a separate request for each transcript required.  
 Please note that transcript requests will be processed within 3 working days after receipt of payment.

For special instructions use the back of this form and place an X here \_\_\_\_\_

\_\_\_\_\_  
Signature of person making the request

\_\_\_\_\_  
Date

	ACCOUNTING OFFICE		
AMOUNT PAID	DATE	INITIALS	TRANSCRIPT REQUEST PROCESSED ON