Villa Angela-St. Joseph High School



18491 Lake Shore Boulevard Cleveland, Ohio 44119 216-481-8414 ext. 205 www.vasj.com

Date Mailed

Transcript Request Form \$3 FEE PER TRANSCRIPT - CASH or MONEY ORDER ONLY

LAST NAME (at time of graduation)	FIRST NAME	MIDDLE NAME	
YEAR OF GRADUATION	PHONE NUMBE	R	
I hereby authorize Villa An	gela-St. Joseph High School	to release my offic	cial transcript to:
SCHOOL/AGENCY NAME			
ADDRESS	CITY	STATE	ZIP
Pleae list any special special instruction	ns here:		
SIGNATURE REQUIRED FOR PRO	CESSING		
SIGNATURE (Required) DATE		DATE	
PLEASE NOTE: • Transcripts will not be released if there • Completed transcript requests are proce • Same-day walk-in service is NOT avail • Debit payments are NOT available at th	essed in the order in which the able at this time.		s on the student's account OFFICE USE
Mail along with \$3.00 fee per transcript (cash or money order) to:		Cash
VASJ High School			Money Order

18491 Lakeshore Blvd. Cleveland, OH 44119 Attn: Guidance Secretary Please allow 7 business days for processing.