



# Convent of the *Visitation School*

## Official Transcript Release Form

### Transcript Information

Name on Transcript \_\_\_\_\_

Student's Current Grade \_\_\_\_\_ or Year of Graduation \_\_\_\_\_

Number of Copies Needed \_\_\_\_\_

### Purpose of Transcript

- Personal Use (e.g. Driver Discount)
- Application to another secondary/high school
- Application to semester of year away program
- Application to summer program or study abroad/travel program
- PSEO (Post Secondary Enrollment Option)
- Athletics or College reference
- Visitation Alumna applying for transfer admission or other academic program
- Other (please be specific): \_\_\_\_\_

### Delivery of Transcript

- Please mail in envelope(s) provided to the name and address below
- Please fax to the name and number below:

Please expect the student to stop into your office on \_\_\_\_\_

<b>Signature</b>	
Signature _____	
Print Name _____	Date _____
<input type="checkbox"/> Parent    or <input type="checkbox"/> Student    Contact Information _____ <span style="display: block; text-align: right; font-size: small;">(phone or email)</span>	

This form must be signed and mailed or faxed to Visitation School  
 Visitation Registrar's Office  
 Official Transcript Release Request  
 2455 Visitation Drive  
 Mendota Heights, MN 55120  
 P: 651.683.1714 f: 651.683.1749

Office Use Only: Date Received \_\_\_\_\_ Date Sent \_\_\_\_\_ Initials \_\_\_\_\_