BROTHER RICE HIGH SCHOOL
ALUMNI TRANSCRIPT REQUEST FORM

NAME:_____

(***please print***)

DATE OF BIRTH:_____

GRADUATION YEAR:_____ or **WITHDRAWAL YEAR**:_____

CURRENT
ADDRESS:_____

_____

PHONE #:_____

E-MAIL ADDRESS: _____

Please send: **Official Transcript_____** **Unofficial Transcript_____**
(w/official seal & in a sealed envelope) (w/o official seal)

MAIL TO: _____
(Name of college, institution, organization, etc.—***please print***)

_____
(Street Address)

_____
(City, State, Zip)

I request that my transcript be mailed to the party listed above.

Signature_____ **Date**_____

There is a $5.00 processing fee payable to Brother Rice High School.
Please remit request with payment to: **Brother Rice High School**
7101 Lahser Road
Bloomfield Hills, MI 48301
Attn: Registrar

For Office Use Only: Recvd_____ Clear Hold_____ Sent_____