



ST. DOMINIC SAVIO

CATHOLIC HIGH SCHOOL

Transcript Request Form

Please Print

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Please Print

I, _____, Class of _____

request that an official transcript of my academic record be sent to:

Include full name and address of institution to which the records are to be sent. If there is a specific contact, include that as well).

Student Signature _____

Date _____

Transcript Prepared by: _____

Date: _____

Complete this form and return to **Mrs. Evie Cascarano, school registrar**, through one of the methods below. Requests will be processed with 48 hours of receiving the completed form.

Email: ecascarano@saviochs.org

Fax: 512-388-1335

Postal Mail: 9300 Neenah Avenue, Austin, TX 78717