



Saint Raphael Academy  
 123 Walcott Street, Pawtucket, RI 02860  
 Tel.: 401-723-8100 Guidance Fax: 401-723-8225  
 www.saintrays.org

## Transcript Request Transcript Release Form

Request Made By:    Phone        Mail        Walk-in        Email        Fax

Name \_\_\_\_\_ YOG \_\_\_\_\_  
 (Print name used while attending Saint Raphael Academy)

I authorize Saint Raphael Academy to Mail and/or Fax my official transcript (SEAL) to the following institution/place of employment:

School/Place of Employment \_\_\_\_\_

Attention to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize, \_\_\_\_\_ to pick up my official transcript (SEAL) from Saint Raphael Academy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***\$3.00 fee per transcript.***

Number of Transcripts Requested \_\_\_\_\_

Method of Payment:    Check No. \_\_\_\_\_        Money Order # \_\_\_\_\_

Cash (*Do not send cash when returning form by mail*)

**Make check or money order payable to: Saint Raphael Academy.**

**For Office Use**

Payment Received: \$ \_\_\_\_\_ .00

Receipt # \_\_\_\_\_