



Saint Raphael Academy
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 www.saintrays.org

Transcript Request & 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 and/or Email my official transcript (SEAL) to the following institution/place of employment:

School/Place of Employment _____

Attention to _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

Email _____

Signature _____ Date _____

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

Signature _____ Date _____

\$4.00 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 # _____