

O'BRIEN HIGH SCHOOL, HACKETT HIGH SCHOOL
HACKETT CATHOLIC CENTRAL

TRANSCRIPT REQUEST

DATE: _____

FIRST NAME: _____

LAST NAME: _____

NAME AT TIME OF GRADUATION: _____

YEAR OF GRADUATION: _____

PLEASE INCLUDE ALL TEST SCORES: YES NO

I hereby give permission to Msgr. John R Hackett Catholic Central High School, to send my high school transcript, SAT, ACT, Michigan Merit Exam, and/or AP scores to the following institution:

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

SIGNATURE: _____

DATE: _____

Please fax this form to: Alumni Relations at 269-381-3919