

Immaculate Conception High School

Counseling Office

33 Cottage Place, Montclair, NJ 07042

Main Office: 973-744-7445

Fax Number: 973-744-3926

Alumni Transcript Request

*****Please allow 5-7 business days for processing*****

Email this form to kperl@ichspride.org or mbigelow@ichspride.org

Alumni Name _____ Maiden Name _____

*Date of Birth _____ Graduation Year _____

Send Transcript to (please include **email addresses** or street addresses (only if MUST be sent by mail, email is the preferred and most efficient method)

- | | |
|----------------------------|----------------------------|
| 1. _____

_____ | 2. _____

_____ |
| 3. _____

_____ | 4. _____

_____ |

*Signature: _____ Date: _____

I do hereby swear under penalty of law that I am the student listed above and have a legal right to these records.

*Present Address: _____

_____ *

Phone Number: _____

*****Please note if you are requesting an official transcript it must be sent directly to a school, employer or organization.**

For Office Use Only: Date Sent ___ Mail ___ Fax ___ Email ___ Unofficial ___ Official ___

Official transcripts cannot be sent to an individual. Unofficial copies can be sent to individuals only. No fee is required for an unofficial copy***