# Diocese of Madison
# Transcript Request

**Name of School**: _____ **Year of Graduation** _____

Last Name: _____ First Name: _____

Maiden Name: _____

**Home Address while in High School**:

Address: _____

_____

City: _____ State: _____ Zip Code: _____

**Current Address**:

Address: _____

_____

City: _____ State: Zip Code:

Phone: _____

Email _____

**Transcript to be sent to:**

Name: _____

Address: _____

_____

City: _____ State: Zip Code: _____

Authorization to Release information

Signature: _____ Date: _____

Return completed form by US postal service, fax or e-mail:

Diocese of Madison
Office of Catholic Schools
702 South High Point Road, Suite 225
Madison, WI 53719

Fax: Attention Office of Catholic Schools
(608) 440-2812

E-mail:schools@madisondiocese.org