



John W. Hallahan Catholic Girls' High School

"Educating Women with Faith, Purpose and Vision"

311 North 19th Street
Philadelphia, Pennsylvania 19103-1198
(215) 563-8930
www.jwhallahan.org

TRANSCRIPT REQUEST FORM

PLEASE TYPE OR PRINT

Name: _____
(First) (Middle) (Last) (Maiden)

Current Address: _____

City, State Zip: _____ Phone No.: _____

Email Address: _____

Date of Birth: _____ Dates Attended Hallahan: _____

Graduate: Yes _____ No _____ Class of _____

Transcript Request: (Please check one or both) _____ **Official** _____ **Not-Official**

Residence while at Hallahan:

Address: _____

City, State, Zip: _____

For an official transcript, please list the name and address of the school where this transcript is to be sent.

Name: _____

Address: _____

City, State, Zip: _____

- Please send this form to: Marie Adams (address listed above) **For any additional questions, please call Mrs. Adams at 215-563-8930 ext. 221.**
- Be sure to include your \$5.00 fee, **for each transcript**, in cash or money order payable to: John W. Hallahan CGHS (no personal checks)
- **If you are requesting that your transcript be mailed, please include a stamped self-addressed envelope with the address(es) as to where it should be sent. (Transcripts can be picked up in the Main Office)**
- Please allow **4 to 5** days response time.