

PIUS XI HIGH SCHOOL

Transcript Request Form

Last name (name used when you were a Pius student): _____

First name: _____ M.I.: _____ Date of birth: _____

Graduation year: _____ **or** Last year attended Pius XI: _____

How may we contact you if needed? (address, phone number or email):

Transcript to be mailed to (add additional requests below if you need more than one transcript):

(school/organization) _____

(department/contact person) _____

(street address) _____

(city, state, zip) _____

Signature: _____

(Be sure to include your signature; without it, transcripts cannot be mailed.)

Please send this completed form and a check payable to *Pius XI High School* for \$3.00 per transcript to:

Julie Mikolajek, Registrar
Pius XI High School
135 N. 76th St.
Milwaukee, WI 53213

Additional Transcripts Request

Additional transcript to be mailed to:

(school/organization) _____

(department/contact person) _____

(street address) _____

(city, state, zip) _____

Additional transcript to be mailed to:

(school/organization) _____

(department/contact person) _____

(street address) _____

(city, state, zip) _____