

Trenton Catholic Academy  
609-586-3705

175 Leonard Avenue  
Hamilton, NJ 08610

**Transcript Release Form**  
For Use by Graduated Students

*Please print all information*

Student Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

*I give permission to have a copy of my transcript sent to the following: (Only ONE School/Scholarship per Release Form)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**I understand transcripts cost \$5.00 each. I understand all financial obligations MUST be up to date before any transcripts will be released. Please allow 7-10 working days for processing.**

Graduate's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For office use

Amount Received: \$ \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed \_\_\_\_\_