

**Our Lady of Mercy School For Young Women**  
**Counseling Offices, Mrs. Costello**  
**1437 Blossom Road**  
**Rochester, NY 14610**  
**(585) 288-7120, ext. 317**  
[lcostello@mercyhs.com](mailto:lcostello@mercyhs.com)

**ALUMNA TRANSCRIPT REQUEST**

**Official** transcripts need to be mailed directly from OLM. You may request an **unofficial** transcript be sent directly to you for your personal records.

Current Date \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Maiden

Request for:

\_\_\_\_\_ College Admission Deadline \_\_\_\_\_  
\_\_\_\_\_ Scholarship \_\_\_\_\_  
\_\_\_\_\_ Employment Counselor Recommendation \_\_\_\_\_  
\_\_\_\_\_ Unofficial \_\_\_\_\_

Mail to:

Name \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_

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**YOU HAVE PERMISSION TO RELEASE MY TRANSCRIPT & TEST SCORES (If required, you must indicate if you would like these sent):**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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FOR OFFICE USE:

Date mailed \_\_\_\_\_ Recorded by \_\_\_\_\_