Transcript Request Form

Student Info

First Name ____________________________
Last Name (when you were a Pius XI student) ____________________________
Graduation Year or Last Year Attended ____________________________
Date of Birth ____________________________
Phone ____________________________ Alt Phone ____________________________
Email ____________________________

Transcript to be mailed to:

School/Organization ____________________________
Street Address ____________________________
City, State ____________________________ Zip ____________________________
Requester’s Signature ____________________________

Please include a $5.00 check payable to PIUS XI CATHOLIC HIGH SCHOOL and mail this form to:
Pius XI Catholic High School Counseling Center
135 N. 76th Street
Milwaukee, WI 53213

WALK-IN TRANSCRIPT REQUESTS - $10.00/per transcript

Please complete a separate form for each transcript request.