



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.

