

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 _____

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