

****If you have any questions regarding transcripts, please contact JCA at (815) 741-0500 x268 or transcript@jca-online.org****



Alumni Transcript Request Form

Mail request to: Joliet Catholic Academy

Attn: Student Records Coordinator

1200 N. Larkin Avenue, Joliet, Illinois 60435

Social Security # _____ - _____ - _____

Name: _____ Graduation Year: _____
First Middle Initial Last Maiden

Current Address: _____ Birth Date: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-Mail Address: _____

I would like to receive JCA's bi-weekly emailed 'News & Views' Yes No

I am currently receiving alumni newsletters and correspondence at the above address. Yes No

Requesting: Academic Records & Test Scores (Proof of graduation, courses, Test Scores) School Medical (Immunization Record – 9th grade physical)
We do not have all Med.Records on file

Send To: _____

Comments or Special Directions:

Signature: _____ Date: _____

Signature is required before the transcript request can be processed.

Please make check or money order payable to: Joliet Catholic Academy
Transcripts ~ \$5 each School Medical Records ~ \$2 each

Please Help Us Keep Our Alumni Database Current By Answering The Following Questions:

My spouse is a _____ graduate of: De LaSalle High School Joliet Catholic High School
Graduation Year St. Francis Academy Joliet Catholic Academy

If Yes, Please Print Spouse's Full Name _____

Spouse's Year of Graduation _____ Spouse's Social Security # _____ - _____ - _____

FOR OFFICIAL USE ONLY

Business Office Authorization _____ Transcript Fee \$ _____ Paid \$ _____

Date Transcript Mailed _____