

ACADEMY OF MOUNT ST. URSULA
ALUMNAE HIGH SCHOOL TRANSCRIPT REQUEST FORM

All transcripts are mailed the same day the request is received. No transcripts will be faxed.

*Please note that AMSU does not mail transcripts to the alum's home.

Name student used while in school (e.g. maiden name):

Last

First

Middle

Year of Graduation _____ Contact number _____

Address where transcript is to be mailed:

Signature

Date

Mail request form along with \$10.00 money order (do not send cash or personal checks) to:

Academy of Mount St. Ursula
Attn: Main Office
330 Bedford Park Boulevard
Bronx, NY 10458



Office Use Only

Name _____ Date _____

Year of Graduation _____ Contact Number _____

Amount _____

Money Order