

GEHLEN CATHOLIC SCHOOL

**TRANSCRIPT REQUEST FORM**

Please send a copy of my school records to:

**Gehlen Catholic School**  
709 Plymouth Street N.E.  
Le Mars, IA 51031  
Phone: 712-546-4181

Name of School \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_  
(not required if 18 years of age)