

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, IL 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: _____ Cell phone: _____

I am currently receiving alumni newsletters and correspondence: Yes No

Requesting: Academic Records
(Proof of graduation, courses,
may include-Test Scores)

School Medical
(Immunization Record – 9th grade physical)
We do NOT have all Med.Records on file

Send To: _____

Note: TRANSCRIPTS TO BE PICKED-UP: IF THE GRADUATE IS NOT PICKING UP THEIR OWN TRANSCRIPT THE REQUEST MUST STATE THE PERSON'S NAME WHO WILL BE PICKING THEM UP, ID'S ARE REQUIRED.

Comments or Special Directions:

Signature: _____ Date: _____

Graduate Signature is required before the transcript request can be processed.
Parents may sign ONLY if the transcripts are mailed.

Please make check or money order payable to: Joliet Catholic Academy (we also accept cash and credit/debit cards)

Transcripts paid by check will have at a minimum 1 week added to processing

Transcripts ~ \$10 each School Medical Records ~ \$3 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 (Maiden) _____

FOR OFFICIAL USE ONLY

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

Date Transcript Mailed _____