

John S. Burke Catholic High School

TRANSCRIPT REQUEST

Full Name: _____

Maiden Name (if applicable) _____

Current Address: _____

Graduation Year: _____ Date of Birth: ___ / ___ / ___ Soc. Sec # _____

Transcript to be sent to: _____

Include a \$10.00 check or money order payable to Burke Catholic and mail this request form to:

Transcripts
John S. Burke Catholic High School
80 Fletcher Street
Goshen, NY 10924