

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 # _____ - _____ - _____
(NOT REQUIRED)

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 Medical Records on file** PLEASE call or email

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 of 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 _____
(Form updated 07182023)