



Academy of the Holy Family
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Academy of the Holy Family **Records Request**

To request transcripts or proof of graduation / attendance at the Academy of the Holy Family, please complete and return this form. PRINT or type please.
Please return this form with a \$5.00 processing fee per request to:

Academy of the Holy Family
Guidance Department
54 West Main Street
Baltic, CT 06330

Your name while at AHF: _____

Your date of birth: _____ Year of graduation / attendance: _____

Address while at AHF: _____

Email address: _____ Phone: _____

Specifically what do you need?

___ Official Transcript ___ Unofficial Transcript ___ Proof of Attendance/Graduation

Official documents are sent in a sealed envelope to the institution.

Where would you like the documents sent?

I authorize the Academy of the Holy Family to release/send official records to the above institution.

Signature: _____ Date: _____

Pursue knowledge; embrace the truths of Christ; respond to the needs of others.