



**BENEDICTINE**  
— 1902 —  
**MILITARY SCHOOL**

**TRANSCRIPT REQUEST FORM**

Date of Request: \_\_\_\_\_

Please send my high school transcript to:

Organization Name: \_\_\_\_\_

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

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

Your signature: \_\_\_\_\_

Your Name (Printed): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

***Please mail this completed form to:***

Registrar's Office  
Benedictine Military School  
6502 Seawright Dr  
Savannah, GA 31406