

St. Lucy's Priory High School
GRADUATE TRANSCRIPT REQUEST FORM

Today's Date: _____ **YEAR GRADUATED:** _____

Full Name (while attending St. Lucy's): _____

Married Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ Birthdate: _____ Email: _____

If you did not graduate / years attended: *From (year)* _____ *To (year)* _____

TRANSCRIPT REQUEST PROCEDURE AND FEES: Transcript requests must be made in writing, NO PHONE or FAX requests can be accepted and ONLY graduates may request transcripts. There is a fee of \$5.00 per transcript. **ADDITIONAL FEES** apply for transcripts being sent out of the country. FEE MUST BE PAID AT TIME OF REQUEST.

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 AND CALIFORNIA STATE LAW, I HEREBY AUTHORIZE THE RELEASE OF A HIGH SCHOOL TRANSCRIPT.

I understand that all transcripts normally include semester grades, attendance records, all testing scores, including PSAT, SAT and AP (Advanced Placement), if taken.

I understand that NO transcript will be released unless all school fees and tuition from high school are current.

Graduate's Signature: _____ **Date:** _____

Graduate – would you like your information (address & phone) passed on to the Alumnae Office? YES ___ NO ___

NAME(S) OF COLLEGE/EMPLOYER/ETC. (where transcript(s) are to be sent)

Name: _____

Address: _____

City, State, Zip: _____

Attention: _____

Mail/Hand-carry -- Official or Unofficial

Name: _____

Address: _____

City, State, Zip: _____

Attention: _____

Mail/Hand-carry -- Official or Unofficial

If requesting more than 2 transcripts, please use back of this form.