

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.