

St. Lucy's High School

**TRANSCRIPT REQUEST FORM**  
**GRADES 9-11**  
**FORM MUST BE COMPLETED BY PARENT**

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_  
*Student's Name*

***Transcript request MUST be made in writing, NO phone requests can be accepted.***

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 NO transcript will be released unless ALL school fees and tuition are current.***

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**Transcript Requested For:** Please mark reason for transcript and fill in all information.

**\$3.00 FEE PER TRANSCRIPT** *(Except transfers)*

- Transferring (*No fee*) Name of school below
- Summer School (complete information below)
- Employment (complete information below)
- Scholarship (complete information below)
- Other: \_\_\_\_\_

**Requesting** (PLEASE CHECK)

Official **OR**  Unofficial Transcript  
*(Official is a SEALED copy of Transcript)*

Mail **OR**  Return to student

***Requesting transcript for*** (name of school/scholarship/employer, etc):

\_\_\_\_\_  
\_\_\_\_\_