



**ST. LUCY'S
PRIORY
HIGH SCHOOL**
G L E N D O R A , C A

655 WEST SIERRA MADRE AVE.
GLENORA, CA 91741
WWW.STLUCYS.COM

TRANSCRIPT REQUEST GRADES 9-11

FORM MUST BE COMPLETED BY PARENT

Today's 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 (FERPA) 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 _____

\$3.00 FEE PER TRANSCRIPT (Except transfers)

- Transferring (No fee)
Name of school transferring to: _____
- Summer School (complete information below)
Summer school name: _____
- Scholarship (complete information below)
Scholarship name: _____
- Request G.P.A. on transcript ___ YES ___ NO
- Other: _____

Requesting (PLEASE CHECK)

- Official **OR** Unofficial Transcript
(Official is a SEALED copy of Transcript and should not be opened)
- Mail **OR** Return to student
(If mailing please include address)

