



**ST. LUCY'S**  
**PRIORY**  
**HIGH SCHOOL**  
 GLENDORA, CA

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

# GRADUATE TRANSCRIPT REQUEST

Today's Date: \_\_\_\_\_

Full Name (while attending St. Lucy's): \_\_\_\_\_ Year Graduated \_\_\_\_\_

Married Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**TRANSCRIPT REQUEST PROCEDURE AND FEES:** Transcript requests must be made in writing, NO PHONE, FAX or EMAIL 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 (FERPA) 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:** \_\_\_\_\_

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

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

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

City, State, Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

*Mail/Hand-carry -- Official or Unofficial*