



ST. LUCY'S
P R I O O R Y
H I G H S C H O O L
 G L E N D O R A , C A

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: _____

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