



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

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.

MAIL this request and fee to:

Registrar
St. Lucy's Priory High School
655 W. Sierra Madre Ave., Glendora, CA 91741
Questions call: 626-335-3322 ext. 4

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

Name: _____

Address: _____

City, State, Zip: _____

Attention: _____

Mail/Hand-carry -- Official or Unofficial