



ARCHBISHOP RYAN HIGH SCHOOL

Graduate Transcript Request

Application for Transcript: (PLEASE PRINT)

Date _____ Year of Graduation _____

Name _____ Maiden Name _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Date of Birth _____

Last four of SS# _____ Email Address _____

Please choose an option (circle A or B):

A. Mail Directly to Institution:

Name of school, business, local, etc. _____

To the attention of _____

Address _____

City _____ State _____ Zip _____

B. Pick up Transcript

*FOR PICKING UP TRANSCRIPTS: You must deliver the transcript in the SEALED envelope provided. If the seal is broken, the transcript is no longer official. A photo ID must be provided at time of pick up. If you the person picking up the transcript is not the graduate, they must provide a note from the graduate along with a copy of the graduate's ID, as well as their own.

Fees apply to both OFFICIAL and UNOFFICIAL transcript requests

_____ Standard Request: \$3.00 (Allow two WEEKS for request to be processed.)

_____ RUSH Request: \$5.00 (Allow at least two BUSINESS DAYS for request to be processed.)

FOR OFFICE USE ONLY: Date mailed or prepared for pick up _____ By _____

For Pick Up Only: Date Picked up _____ By _____ (must provide ID)

DEVELOPMENT OFFICE ADDRESS CHECKED _____ By _____

11201 Academy Road
Philadelphia, PA 19154
ArchbishopRyan.com

215.637.1800 Ext. 219
Fax: 215.637.8833
www.archbishopryan.com

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