



Bishop Luers High School

Home of the Knights

CURRENT STUDENT TRANSCRIPT REQUEST FORM

Name: _____
First M.I. Last (Maiden)

Graduation Year: _____ D.O.B. _____ Parent(s) Name: _____
Contact Phone # _____

I request that my transcript be sent to the following college(s) through Naviance:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Signature of Graduate

Date

\$5.00 per transcript. Please make checks payable to Bishop Luers Catholic High School.

Student instructions: AFTER you have requested your transcript to be sent through Naviance, complete this form and go to the BUSINESS OFFICE to pay the \$5.00 fee. Once paid, return this form to the Guidance Office and we will then send your transcript electronically as requested on Naviance.

For Office Use:

Paid by: Check _____ Cash _____ Credit Card _____ Received by: _____

Sent by: _____ Date: _____