



Bishop Luers High School

Home of the Knights

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:

Name: _____

Address: _____

Fax Number: _____

I will pick up my transcript to take with me

Signature of Graduate

Date

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

Return form and payment to:

Bishop Luers High School

333 E Paulding Road

Fort Wayne IN 46816

Telephone: (260)456-1261

FAX: (260)456-1262

mnorth@bishopluers.org

For Office Use: Check _____ Cash _____ Sent by: _____ Date: _____