



# Bishop Luers High School

Home of the Knights

## ALUMNI 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: \_\_\_\_\_  
\_\_\_\_\_

OR

Fax Number: \_\_\_\_\_

I will pick up or take transcript with me

\_\_\_\_\_  
Signature of Graduate

\_\_\_\_\_  
Date

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

**Return form and payment to:  
Bishop Luers Catholic High School  
333 E Paulding Road  
Fort Wayne, IN 46816  
Telephone: (260)456-1261  
mnorth@bishopluers.org**

For Office Use:

Paid by: Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Received by: \_\_\_\_\_

Sent by: \_\_\_\_\_ Date: \_\_\_\_\_