

Pater Noster High School

Alumni Transcript Request Form

For office use only:

Date sent: _____

Amount paid: _____

Amount due: _____

PRINT CLEARLY

PLEASE PRINT CLEARLY

\$5.00 PER TRANSCRIPT – ALLOW 2 DAYS FOR TRANSCRIPTS

\$10.00 PER TRANSCRIPTS- NEXT DAY SERVICE (If submitted before 10:00am)

Today's Date: _____

Student Name (at time of graduation): _____

Birthday: _____

Phone #: _____

Year of graduation: _____

Official Transcripts requested (#): _____

Unofficial Transcripts requested (#): _____

Mail transcript

Pick-up transcript

Check (✓) one of the boxes

If being mailed, transcript to be sent to:

1) _____
(Name of College/University OR addressee)

(Street Address of College/University OR addressee)

(City) (State) (Zip Code)

2) _____
(Name of College/University OR addressee)

(Street Address of College/University OR addressee)

(City) (State) (Zip Code)

3) _____
(Name of College/University OR addressee)

(Street Address of College/University OR addressee)

(City) (State) (Zip Code)

Mail this form and \$5.00/\$10.00 fee for each transcript to:

**Transcripts-Pater Noster High School
C/O Bishop Alemany High School
11111 N. Alemany Dr.
Mission Hills, CA 91345**

Signature: _____ **Relation:** _____