Bishop Luers High School
Home of the Knights

TRANSCRIPT REQUEST FORM

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

Graduation Year: _____ **Contact Phone #**: _____

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

_____

_____ _____
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

Student instructions: Once 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 to the Guidance Office with this form and we will then send your transcript electronically as requested through Naviance. If sending to multiple colleges, you will need multiple transcript release forms.

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