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: _____
_____

☐ **Email: _____**

☐ **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: _____ Date: _____

Sent by: _____ Date:_____