



LEXINGTON CATHOLIC HIGH SCHOOL



TRANSCRIPT REQUEST FORM FOR PREVIOUS STUDENT (\$2.00 FEE FOR PROCESSING)

NAME: _____ DATE OF BIRTH: _____
PRINT

YEAR OF GRADUATION: _____ OR WITHDRAWAL DATE: _____

TRANSCRIPT TO BE SENT TO: _____
SCHOOL OR ORGANIZATION

_____ ADDRESS

_____ CITY STATE ZIP

SEND ACT TEST SCORES YES NO
SEND SAT TEST SCORES YES NO

SIGNATURE: _____

PHONE/EMAIL: _____

You may put the Transcripts Request form(s) in the mail along with \$2.00 for each transcript. Your transcript is usually ready to send out the next day after the request is received. If you want the official transcript to be sent to you and not to a college or business then it will be sent it in a sealed envelope which must remain sealed or it becomes unofficial and may not be accepted.

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Lexington, KY 40503
pbunnell@lexingtoncatholic.com

859-277-7183 Ext: 228
859-276-5086 Fax

FOR OFFICE USE ONLY

PAID: _____

SENT: _____