

**TRANSCRIPT REQUEST FOR GRADUATES AND FORMER STUDENTS**



**Paraclete High School**

42145 30<sup>th</sup> St West  
Lancaster, CA 93536  
Attn: Registrar

**TRANSCRIPT REQUEST**

**Dates of Attendance:**

From \_\_\_\_\_ To \_\_\_\_\_  
mm/yyyy mm/yyyy

DID YOU GRADUATE FROM PARACLETE?  Yes  No  
GRAD DATE \_\_\_\_\_

Allow 3 working days for processing. Additional time is needed at beginnings/ends of semesters.

**Transcript fees:**

Each transcript \$10.00

Signature

Date

**Office use only:**  
Date mailed:  
Date pick-up:  
Intitials:

\_\_\_\_\_  
Last Name First Name MI Previous

\_\_\_\_\_  
Address-Street No. City State Zip

\_\_\_\_\_  
Email address ( ) Phone No

**Fill out one transcript request for each address to which you want transcripts sent.**

**How many copies do you want sent to this address?** \_\_\_\_\_

TO:  
\_\_\_\_\_  
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