



# High School Transcript Request Form

**Student Name:** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Unofficial Transcript** (Not sealed or signed, must be picked up by the person requesting the transcript)

**Official Transcript** (Sealed, signed & dated. **MUST** be mailed out by the Pomona Catholic main office)

**1.** \_\_\_\_\_  
(Name of Institution: Include the office to which it should be sent)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

**2.** \_\_\_\_\_  
(Name of Institution: Include the office to which it should be sent)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

<b>For Office Use Only:</b>	<b>Date Paid:</b> _____	<b>Date Completed:</b> _____
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