

St. Augustine Catholic High School Official Transcript Request Form

**Please mail or fax this form to: St. Augustine Catholic High School, Attention: Registrar,
8800 E. 22nd St., Tucson, AZ 85710. Fax number: 520-751-8304.**

Fill out the following form along with a payment of \$5.00 per transcript copy request. Allow for 2 business days for processing from the time the Official Transcript Request Form and payment is received.

Please note that St. A's must have the student's or former student's signature to release transcripts. Parents may sign for a student under 18 years of age.

I, _____, am requesting a copy or copies of my St. A's transcript.
Print your name

Date of Birth: _____

Daytime Telephone Number: _____

Number of copies needed: _____ Year of St. A's Graduation: _____

Student's Signature: _____

Please mail a copy of my transcript to:

Name of Institution or Person

Street Address or P.O. Box

City, State, and Zip Code

Please mail a copy of my transcript to:

Name of Institution or Person

Street Address or P.O. Box

City, State, and Zip Code

*Office Use Only--
Date transcript sent:*

Action taken by: