



Archbishop Ryan High School Graduate Transcript Request Form

Date: _____ Year of Graduation: _____

Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____

Last Four Digits of SS #: _____ Email: _____

Please choose an option (Circle A or B):

A. Mail Directly to Institution:

Name of school, business, local, etc.: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

B. Picking Up Transcript - The transcript must be delivered to the school in the SEALED ENVELOPE provided. If the seal is broken, the transcript is no longer official. A photo ID must be provided at the time of pick up. If the person picking up the transcript is not the graduate, they must provide a letter from the graduate along with a copy of the graduate's ID, as well as their own.

Fees apply to both OFFICIAL and UNOFFICIAL transcript requests

_____ Standard Delivery: \$3.00 (Allow Two Weeks for the request to be processed.)

_____ Rush Delivery: \$5.00 (Allow at least Two Business Days for the request to be processed.)

FOR OFFICE USE ONLY: Date Mailed or Prepared for Pick Up: _____ by _____

**FOR PICK UP ONLY: Date Picked Up: _____ by _____
(Must Provide ID)**

DEVELOPMENT OFFICE ONLY: Address Checked _____ by _____