

Archbishop Shaw High School
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Transcript Request

Transcript requests are processed as quickly as possible, usually within two (2) business days of the receipt of request. The cost is \$ 3.00 per transcript.

Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ email address: _____

Year of Graduation: _____ Social Security number: _____ Date of Birth: _____

Signature for release of transcripts: _____

Pursuant of Federal Law 93-380, this personal information is transferred only on the condition that you will not permit any other party to have access to such information without the written consent of the student.

Mail to the address listed below: (Please print)

Name

Address 1

Address 2

City, State Zip

Name

Address 1

Address 2

City, State Zip

Name

Address 1

Address 2

City, State Zip

Name

Address 1

Address 2

City, State Zip

OFFICE USE ONLY:

# Requested:		Date Sent:	
Fee Paid:		Sent By:	