



WILLIAM V. FISHER CATHOLIC HIGH SCHOOL

GUIDANCE OFFICE

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Phone: (740) 654-1231 Ext. 30 Fax: (740) 654-1233

TRANSCRIPT REQUEST FORM

Today's Date: _____ Graduation Year: _____

Student's Name: _____ Phone: _____

DOB: _____

Reason for Transcript: _____

To be sent to: _____

Student's Signature

Date

FOR OFFICE USE ONLY

Date Sent: _____ Sent by: _____

Option 1: Print this document, complete, fax (740) 654-1233 or email (slozada@cducation.org)

Option 2: Email the items below to slozada@cducation.org

- Name (be sure to include your name at the time of graduation/maiden name):
- Graduation Year:
- Where transcript should be sent (email or complete street address):