



# St. Bernard High School Transcript Request

[Print Form](#)

1. Transcripts are processed on Tuesday and Thursday only. Allow five days for the processing of your request.
2. Official Transcripts MUST be mailed by St. Bernard to the requesting institution (college, school, place of employment, scholarship, etc.)
3. Transcripts issued directly to the student or parent/guardian are hand-carry, unofficial transcripts.
4. SAT, ACT, AP and 11th grade PSAT exam scores are included.
5. A separate form is required for all transcripts ordered.
6. For all currently enrolled and minor students, original parent/legal guardian signature is required to release records.

**Processing Fee - Make checks payable to St. Bernard High School. Do not mail cash. Contact the school if you wish to pay by Visa or Mastercard.**

**\$5.00 per transcript** - Allow five business days to process.

**\$10.00 for 24-Hour or FAX service** - Must be requested by 10:00 AM the previous day.

**Enter information directly on this form, then print.**

Date of this Request

Full Name

Grad Year

Birthdate

Maiden Name

AKA or Name on HS records

Address

City

State

Zip Code

Email

Home Phone

Cell Phone

**Transcript Requested** - Note: All **Official** transcripts must be sent by St. Bernard directly to the requesting institution. Transcripts that are hand-carried or mailed home for personal use are **Unofficial** transcripts.

Official, Unofficial or  
Give to Counselor

For Unofficial Transcript  
Call/Email or Mail

☐ Process Now

☐ Hold for 7th Semester

☐ Hold for Final Transcript

**For Official Transcript - Send Records to**

College/University/School/Employer/Name

Send To the Attention of:

Address 1

Address 2

City

State

Zip Code

**Authorization to Release Records: This form must be signed in order to process this request.** Your signature authorizes St. Bernard to release academic records to the party listed above. **For all currently enrolled and minor students, original parent/legal guardian signature is required.**

Name of Person

**\*\*Signature**

Authorizing Release

**and Date**

**Print this form and mail with the processing fee or drop off at the school.**

**\*\*Be sure to sign the above release before mailing your request.**

**St. Bernard High School**

**Attention: Transcript Processing**

**9100 Falmouth Avenue \* Playa del Rey, CA 90293**

**310-823-4651 \* FAX 310-822-1591 \* email: transcripts@stbernardhs.com**

[Print Form](#)[Reset this Form](#)

Office Use Only: Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Processed \_\_\_\_\_