

# St. Augustine Catholic High School Transcript Request Form

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

Complete the form. Include payment of \$3.00, check or money order, payable to St. Augustine Catholic High School, for each transcript copy request. Please allow for 2 business days for processing from the time the Transcript Request Form and payment are received in our office.

Please note that SACHS 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 SACHS transcript.  
Print your name

Date of Birth: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Number of copies needed: \_\_\_\_\_ Year of SACHS Graduation: \_\_\_\_\_

Your Signature: \_\_\_\_\_

## **Please mail a copy of my transcript to:**

\_\_\_\_\_  
Name of Institution or Person

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
City, State, and Zip Code

## **Please mail a copy of my transcript to:**

\_\_\_\_\_  
Name of Institution or Person

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
City, State, and Zip Code

*Office Use Only--  
Date transcript sent:*

*Action taken by:*

