



Assumption High School
2170 Tyler Lane
Louisville, KY 40205

Official Transcript Request

Name _____
First Middle Initial Maiden Last

Address _____

Phone (_____) _____ - _____

E-mail _____

Date of Birth _____ / _____ / _____

Graduation Year _____

Last 4 digits of Social Security Number _____

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record as indicated.

Student Signature (required) _____

Date _____

Please mail transcripts to:

Institution Name _____

Institution Address _____

Request completed: _____
Date Initials