



**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 email or mail transcripts to:**

Institution Name:

\_\_\_\_\_

Institution Email or Mailing Address:

\_\_\_\_\_