



Pomona Catholic Transcript Request Form

Student Name: _____ **Phone:** _____

Graduation Year: _____ **Date of Birth** _____

If you did not graduate from PC, indicate years attended: From _____ To _____

** There is a \$5.00 fee per Transcript. Transcripts cannot be processed if student accounts are not current.*

Signature: _____ **Date:** _____

Unofficial Transcript (Not sealed or signed, must be picked up by the person requesting the transcript)

Official Transcript (Sealed, signed & dated. **MUST** be mailed out by the Pomona Catholic main office)

1. _____
(Name of Institution)

_____ Include the office to which it should be sent/Contact Name

_____ (Street Address)

_____ (City) (State) (Zip Code)

2. _____
(Name of Institution)

_____ Include the office to which it should be sent/Contact Name

_____ (Street Address)

_____ (City) (State) (Zip Code)

For Office Use Only: Date Paid: _____ Date Submitted: _____
Financial Clearance: _____ Date: _____