



# 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:** \_\_\_\_\_