BISHOP LOUIS REICHER
A Catholic School Community

Transcript Request Form

Name while attending BLR: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____

Graduation Year: _____ Phone # _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Where to send or pick up:
- ☐ Pick up by former student/parent
- ☐ Mail to address above
- ☐ Mail to the following college(s)

1. College/University Name: _____
   Address: _____

2. College/University Name: _____
   Address: _____

3. College/University Name: _____
   Address: _____

If you pick up in person, you must bring a valid photo ID.
If requesting records to be mailed, please include a copy of a valid photo ID when submitting this form.

Student Signature: _____ Date: _____
☐ I verify my signature above.

☐ I consent to the statement below.
As the individual about whom this information is being requested, I hereby authorize Bishop Reicher to release the records requested to the recipients listed above.

Your transcript is a legal document. According to FERPA laws, once a student turns 18 or attends a school beyond high school, only the student can request a transcript.