



Padua Franciscan High School

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Alumnus Name:

Year of Graduation:

Name at Graduation:

Phone:

Address:

City:

State:

Zip Code:

Please send official transcript to:

College or Agency Name:

Department:

Address 1:

Address 2:

City:

State:

Zip Code

I authorize Padua Franciscan High School to release my transcript to the above named college or agency.

Signed:

Date

*Mail completed form and \$5.00 per transcript (check or money order) to above address.
Transcript will be mailed within 2-3 days of receipt of payment*