

BISHOP NEUMANN HIGH SCHOOL

Request for Release of Transcripts

To have a transcript sent to a technical school or college, fill out the information below. Be sure to sign this form to release a formal transcript to the designated Institution, then give the form to the Counselor or Secretary.

Name of Student _____ (include maiden name if applicable) Graduating Class of _____

Will you pick up this transcript? Yes No
Would you like Bishop Neumann to mail this transcript? Yes No
Would you like Bishop Neumann to fax this transcript? Yes No

Name and address of the Institution. If applicable, include the person/department whom this is to go to.

College/Institution Name: _____
Address: _____

Fax: _____

This information is provided with the written consent of the parent/graduate as required by the Family Educational Rights and Privacy Act of 1974.

Student's Signature _____ Date _____

(Office Use Only)

Date of Request _____ Date Sent _____ Method of Delivery: Mail _____ Fax _____ Hand Delivery _____

Signature of authorized person for Guidance or Records _____ 2/2006

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