**Red Bank Catholic High School**

**112 Broad Street**

**Red Bank, NJ 07701**

**Request for Release of Records Alumni or Withdrawals**

Name (print): Date of Birth $5.00fee

Current address:

Telephone (Home) and or (Cell)

Name used while in school (if different from above)

Email address Year of graduation or Year of withdrawal

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| **I hereby request and authorize the release of my records to:**  Name of college/university or business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please allow 5 – 7 business days for transcript to be processed. |

Date request received Date sent Postcard sent

Signature of Graduate Date

Completed transcript request form must be mailed, faxed, or delivered in person. Request forms that have been filed out are not permitted to be emailed as per recent seminar attended.

*\*Prior to processing your request, a $5 fee must be received.*

*Cash, check or credit card payments are accepted.*