**Red Bank Catholic High School**

**112 Broad Street**

**Red Bank, NJ 07701**

**Phone 732-747-1774 ext. 4 Fax 732-747-6632**

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

Name (print): Date of Birth $5.00 fee \_\_\_\_\_\_

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

|  |
| --- |
| **I hereby request and authorize the release of my records to:**  Name of college/university or business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please allow 7-10 school days for transcript to be processed. |

Date request received Date sent Postcard sent

Signature of Graduate Date

\*\*Signature of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Parent signature is required only for students that are still in high school\*\***

\*\*Signature of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed transcript request form must be mailed, faxed, or delivered in person. Request forms that have been filled 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.***