

Guiding Young Men through Faith, Tradition and Leadership

FORMER STUDENT TRANSCRIPT RELEASE FORM

It is requested that an official copy of the school records of: Name: Email: ______ Phone: _____ Who graduated on: ______ be sent to the following, as soon as possible. If the student did not graduate from Benedictine High School, please indicate years of attendance______. The cost of sending a transcript is \$5.00 and payable to Benedictine High School via check, cash, credit card or money order.* *We will process an official transcript within 48 hours of receipt, once this form and \$5.00 is received in the main office. Walk-in requests require 48 hour processing time. Send transcript to: Name: Address: City: _____ Zip Code: ____ I hereby give permission for the transfer of all academic and disciplinary records as required by the Family Educational Rights and Privacy Act of 1974. I have a right to receive a copy, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent. Signature of parent, legal guardian or self, if over 18 years of age: Date: