

REQUEST FOR RELEASE OF RECORDS

Please Print Clearly

I am requesting

Mid-Year Transcripts and Test Scores: _____

OR

End of Year Transcripts, Test Scores and Health Records: _____

For the following student:

Last Name	First Name	Middle
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Year of Graduation: _____ OR Withdrawal Date: _____

Date of Birth: _____ Grade at Withdrawal: _____

Contact Information (Phone/E-mail): _____

Institution to Receive Records:

Name: _____

ATTN: _____

Street Address: _____

City/State/ Zip: _____

I authorize the release of all official records as indicated above:

_____ Parent/Guardian Signature (Required) Fee \$25.00 per request All checks should be made out to St. Norbert School (8 th Grade Graduation Fee includes transcripts For TWO high schools)	_____ Date Received: _____ Date records Sent: _____ Paid (Check #): _____
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*****No transcripts will be released if there are any outstanding bills.*****

Please allow at least one week for processing.

