



Transcript Request Form

It is requested that an official copy of the school records of:

Name: _____

Address: _____

Email: _____

Birthdate: _____ Cell phone: _____

Who graduated on: _____ be sent to the following as soon as possible. If the student did not graduate from Benedictine, please indicate the years of attendance _____.

Send transcript to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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: _____

Internal Use:

Director of Guidance Signature: _____

Date sent: _____

Finance Department Signature: _____