



Authorization to Release School Information- Transcript Request

This is an authorization to release school information in accordance with Section 438 of Public Law 93-380, the Family Education Rights and Privacy Act of 1974. Transcripts are processed by the Studies Office. Partial transcripts are not issued. All transcripts will include the complete academic record. **There is no fee for transcripts.** Please allow five business days for the processing of transcript requests. Outstanding financial obligation to Sacred Heart Academy must be fulfilled before transcripts are released. This request must either be mailed to the address above, hand delivered to the School House reception desk, faxed to 610-527-0942, or emailed to Lisa.Carey@SHAbrynmaur.org.

Your signature _____ Date _____
I authorize the release of my transcript to be forwarded as directed.

You're Name at Graduation _____
LAST FIRST MIDDLE

Date of Birth _____ Phone _____

Email address _____

You're Address _____

CITY

STATE

ZIP

Did you graduate from CDSSH? _____
Yes

If yes, what is your year of graduation? _____

_____ No

If no, what is your date of last attendance? _____

_____ Please verify my dates of attendance, GPA, type of diploma and credits earned for a potential employer or employment verification agency.

_____ Please check here is an **UNOFFICIAL** transcript is to be issued and mailed to the address above.

_____ Please check here is an **OFFICIAL** transcript is to be issued to the address above.

_____ Please check here if an **OFFICIAL** transcript is to be issued and mailed to a third **party**. Please provide the address information for the third party recipient of the transcript below.

For internal use only Date received _____ Date completed _____ Completed by _____