



Bishop Ward High School

Student Record Release

Principal/Registrar:

I hereby give permission for Bishop Ward High School to release all school records (complete transcript of credits, test record, absence record, rank in class, grade point average, health record) for me to:

College/Institution

College/Institution Address

City

State

Zip Code

Year(s) of Graduation/Attendance

Date of Birth

Name

Maiden Name (if applicable)

Date

Student Signature

There is a \$2.00 fee for each transcript. Parent Signature (if student is under 18)



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