BISHOP CONNOLLY
HIGH SCHOOL

373 Elsbree Street
Fall River, MA 02720
508.676.1071
www.BishopConnolly.com

FORMER STUDENT TRANSCRIPT RELEASE FORM

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, the dissemination of your student records to other schools, colleges or universities, and prospective employers will occur only after you have given written permission for such requests. Please sign below if you desire that your records be released.

I hereby give my consent to the release of my school records:

Student's Name: _____ _____ _____
LAST FIRST MIDDLE

Maiden Name (if applicable): _____

Year of Graduation: _____

From Bishop Connolly High School to the following:
School/Employer Name:

_____

_____

_____

_____ _____
SIGNATURE DATE

CURRENT CONTACT INFORMATION

Address: _____

City/State/Zip: _____

Telephone Number: _____

E-Mail Address: _____

PLEASE NOTE: There is a $5.00 processing fee for all transcript requests.
Checks may be made payable to *Bishop Connolly High School.*

Please return this form along with the processing fee to:
Denise St. Yves, Bishop Connolly High School, 373 Elsbree Street, Fall River, MA 02720