

**Red Bank Catholic High School**  
112 Broad Street  
Red Bank, NJ 07701  
Phone: 732-747-1774 ext. 4 Fax: 732-747-6632  
email: [hemschootd@redbankcatholic.com](mailto:hemschootd@redbankcatholic.com)

**Request for Release of Records Alumni or Withdrawals**

Name (print): \_\_\_\_\_ Date of Birth \_\_\_\_\_ \$8.00 fee \_\_\_\_\_

Current address: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ and or (Cell) \_\_\_\_\_

Name used while in school (if different from above) \_\_\_\_\_

Email address \_\_\_\_\_ Year of graduation \_\_\_\_\_ or Year of withdrawal \_\_\_\_\_

**I hereby request and authorize the release of my records to:**

Name of college/university or business: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

\*Email address \_\_\_\_\_

\*In most cases, schools and businesses generally accept emailed transcript, which I send with return receipt, and is received very quickly.  
Please allow 7-10 school days for transcript to be processed.

Date request received \_\_\_\_\_ Date sent \_\_\_\_\_ Postcard sent \_\_\_\_\_

Signature of Graduate \_\_\_\_\_ Date \_\_\_\_\_

\*\*Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

\*\*Parent signature is required only for students that are still in high school\*\*

\*\*Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Completed transcript request form must be mailed, faxed, emailed ([hemschootd@redbankcatholic.com](mailto:hemschootd@redbankcatholic.com)) or delivered in person. *Request must have a signature, **electronic signature is not accepted.***

***\*Prior to processing your request, a \$8.00 fee must be received.***

***Cash, check or credit card payments are accepted.***