

Red Bank Catholic High School
112 Broad Street
Red Bank, NJ 07701
Phone: 732-747-1774 ext. 4 Fax: 732-747-6632
email: tbrendel@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 (tbrendel@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.