100 YEARS
OF EDUCATING YOUNG WOMEN

Graduate's Authorization for the Release of Records / Transcript Release

NAME: _____
Last Name Maiden First Year of Graduation

ADDRESS: _____
Street Address City State Zip Code

CELL NUMBER: _____

Please send Transcript to:

_____
Name of University, College, Business, etc.

_____
Street Address City State Zip Code

CHECK ONE:

_____ I hereby authorize Resurrection College Prep High School to release all the necessary information for a transcript of credits, including the results of the ACT/SAT if available.

_____ I hereby authorize Resurrection College Prep High School to release all the necessary information for a transcript of credits, but I DO NOT WANT Standardized Test Scores released.

_____ I want my immunization record included (graduates of 1986 to present).

(The above is in compliance with Public Law 93-380, IL Admin. Code 375.75 & 325 ILCS 50/5.)

The fee is $6.00 for an OFFICIAL or UNOFFICIAL transcript. Unofficial transcripts are not sealed. Please include a check or money order made payable to Resurrection College Prep High School.

Person accepting this request, please record as Paid or Not Paid.

Alumnae Authorized Signature:_____ **Date:** _____

Processed by: Date:

Any questions, please contact the Records Office at (773) 775-6616, ext. 127.