



## ALUMNAE AUTHORIZATION FOR THE RELEASE OF RECORDS/TRANSCRIPTS

**NAME:** \_\_\_\_\_  
Last Name (Maiden) First Year of Graduation

**ADDRESS:** \_\_\_\_\_  
Street Address City State Zip Code

**CELL NUMBER:** \_\_\_\_\_

**SEND TRANSCRIPT TO:**

\_\_\_\_\_  
Name of University, College, Business, etc.

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
*Verified Email Address Accepting Electronic Transcripts for Colleges/Universities ONLY.*

**CHECK ONE:**

I hereby authorize Resurrection College Prep High School to release all the necessary information for a transcript of credits.

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.)

**TYPE:**

OFFICIAL  UNOFFICIAL

*The fee is \$6.00 for an OFFICIAL or UNOFFICIAL transcript. Unofficial transcripts are not sealed and may be emailed. Payment can be made on our website, [www.reshs.org/alumnae](http://www.reshs.org/alumnae), or include a check or money order made payable to Resurrection College Prep High School.*

**ALUMNAE SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**OFFICE USE ONLY BELOW THIS LINE**

**Processed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_