



ST. JOSEPH REGIONAL HIGH SCHOOL

Graduated _____
year

Date _____

REQUEST FOR RELEASE OF RECORDS

I hereby authorize St. Joseph Regional High School to release a copy of my school records to:

NAME OF COLLEGE/UNIVERSITY:	EMAIL ADDRESS TO SEND TRANSCRIPT TO:

AUTHORIZED SIGNATURE

PRINT FULL NAME

ADDRESS

CITY

STATE

ZIP

Please fill out this form and return to St. Joseph Regional High School, Guidance Office.