MOREAU CATHOLIC HIGH SCHOOL
27170 MISSION BOULEVARD
HAYWARD, CA 94544
510-881-4300

AUTHORIZATION FOR RELEASE OF TRANSCRIPT RECORDS

DATE: _____ GRADUATION YEAR _____

STUDENT'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

NUMBER OF TRANSCRIPTS REQUESTED: _____

CHECK APPROPRIATE BOXES:

☐ MAIL* ☐ RETURN TO STUDENT ☐ RETURN TO COUNSELOR

☐ DO NOT RELEASE TRANSCRIPTS UNTIL SEMESTER GRADES ARE RECORDED

*** IF THE TRANSCRIPT IS TO BE MAILED, PROVIDE THE INFORMATION BELOW:**

SEND TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSCRIPT MUST BE RECEIVED BY ABOVE AGENCY NO LATER THAN: _____

*** IF ADDITIONAL TRANSCRIPTS ARE TO BE MAILED, PLEASE LIST ADDRESSES ON REVERSE SIDE OF THIS FORM**

_____ _____

STUDENT SIGNATURE (REQUIRED)

PARENT/GUARDIAN SIGNATURE (REQUIRED IF STUDENT HAS NOT COMPLETED 10TH GRADE OR IS UNDER 16 YEARS OF AGE)

TRANSCRIPT POLICIES

1. Fees - $4.00 processing fee for each transcript payable by cash or check.
2. Transcripts are usually processed within five (5) working days of request except at the end of the semester when more time is required.

SENIORS: Please check with your counselor regarding college requests for transcripts.

OFFICE USE:

Amount Received:_____ Date Received: _____ Transcript Released: _____

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