

**BISHOP MANOGUE CATHOLIC HIGH SCHOOL
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RENO, NV 89511**

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I HEREBY AUTHORIZE THE RELEASE OF MY STUDENT’S TRANSCRIPT OR GRADES, CREDITS AND HEALTH RECORDS.

Student’s Name

Year of Graduation _____

Date of Birth _____

Number of Transcripts _____

Official Transcript

Unofficial Transcript

SEND TO:

Name

Address

City

State

Zip Code

This information is for the confidential use of the above named. I understand that this transcript is available for my examination upon request.

Parent/Guardian Signature

Student Signature if over 18

Date of request _____

Unofficial transcripts can be faxed to requestor. All Official transcripts must be mailed.