

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

Mary Ann Michels, Registrar  
(775)336-6028  
(775)336-6093 (Fax)

**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

Check if you **Do Not** want standardized test scores on transcript (SAT/ACT/NHSPE)

**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 or emailed to requestor. All Official transcripts must be picked up or mailed.