



Bishop Manogue Catholic High School

EDUCATING THROUGH FAITH, LEADERSHIP, KNOWLEDGE, AND COMPASSIONSM

TRANSCRIPT REQUEST FORM

I hereby authorize the release of my student's transcript or grades, credits and health records.

Student's Name: _____ Date of Birth: _____

Year of Graduation: _____

Number of Transcripts: _____ Official Transcript Unofficial Transcript

SAT Reasoning Tests, SAT Subject Tests, and ACT test scores, must be sent directly from CollegeBoard to your child's institution. Nevada High School Proficiency Test results will print on your child's transcript.

SEND TO:

Institution

Attention; c/o

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.

Student's Printed Name

Student Signature (if over 18)

Parent's Printed Name

Parent Signature

Date of Request