

**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: _____	PHONE: _____
ADDRESS: _____	CITY: _____ ZIP: _____

NUMBER OF TRANSCRIPTS REQUESTED: _____
CHECK APPROPRIATE BOXES:
<input type="checkbox"/> MAIL* <input type="checkbox"/> RETURN TO STUDENT <input type="checkbox"/> RETURN TO COUNSELOR
<input type="checkbox"/> 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: _____
Cash / Check