



Bishop Manogue Catholic High School

EDUCATING THROUGH FAITH, LEADERSHIP, KNOWLEDGE, AND COMPASSIONSM

TRANSCRIPT REQUEST FORM

I hereby authorize the release of my student's official transcript.

Student's Name: _____ Date of Birth: _____

Year of Graduation: _____

Number of Transcripts: _____ Official Transcript Unofficial Transcript

Standardized testing scores must be sent directly from the testing company to your child's institution. Should you require a copy of your child's immunizations, please request this directly from your child's pediatrician or from the Washoe County Health Department.

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