



Transcript Release Form (Current Student)



Date:

Benedictine High School

It is requested that an official copy of the school records of:

2900 Martin Luther King Jr. Blvd.
Cleveland, Ohio

Student Name:

44104
Phone: 216-421-2080 x337
Fax: 216-421-1100
www.cbhs.net

Birth Date:

Transferred Yes No

	Send Transcript To: (Please list institutions)	Applied on Common App	Applied on Coalition App	Applied on College Website
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please List recommenders in order of submission preference
(We Recommend 2 Recommendations for most students)

1)	<input type="text"/>
2)	<input type="text"/>
3)	<input type="text"/>
4)	<input type="text"/>

Other Requests

- Send NACAC Fee Waiver (See Counselor for Requirements)
- Do Not Send my ACT and SAT test scores (Most schools require Official Scores be set directly from the testing agency)

I hereby give permission for the transfer of all academic and disciplinary records as required by the Family Educational Rights and Privacy Act of 1974. I have a right to receive a copy, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will be transmitted through Naviance.

Signature _____
(Signature of Parent, Legal Guardian or Self if over 18 years of age)