



Transcript Release Form

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

Name: _____

Birthdate: _____

Who graduated on: _____ be sent to the following, as soon as possible. If the student did not graduate from Benedictine High School, please indicate years of attendance _____. The cost of sending a transcript is \$5.00 and payable to Benedictine High School via check, cash, credit card or money order.*

****We will process an official transcript within 24 hours of receipt, once this form and \$5.00 is received in the main office. Walk-in requests require 24 hour processing time.***

Send transcript to:

Name _____

Address _____

City _____ State _____ Zip Code _____

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 not be transmitted to a third party without my consent.

Signature of parent, legal guardian or self, if over 18 years of age:

_____ Date: _____

Benedictine High School • 2900 Martin Luther King Jr. Dr. • Cleveland, Ohio 44104-4898

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