



Parent: Please do not return this form to Jesuit. Please give this completed form to student records at your current school so they can send the necessary documents directly to us.

FINAL JUNE TRANSCRIPT REQUEST

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

TO: _____
Name of school your son attends

Street Address

City, State and Zip Code

I hereby authorize you to release an official **FINAL** transcript of grades to Jesuit

for _____ Grade _____.
Students Name (Please Print)

Parent or Guardian (Please Print)

Parent or Guardian Signature

Phone _____

SCHOOL REGISTRAR:

Please forward **FINAL** TRANSCRIPT (including second semester) at the **END** of the school year.

Diane J. Camara - Registrar
Jesuit College Preparatory School