

BISHOP VEROT CATHOLIC HIGH SCHOOL

Alumni Transcript Request Form



AUTHORIZATION TO RELEASE RECORDS – FORMER STUDENT

Please Read Instructions:

Each transcript request cost \$5.00 (cash or make check payable to BVHS)

- Complete a separate Transcript Request Form for **each** destination to which you want transcript mailed.
- Transcripts may only be released with the written authorization of the student.
- Allow 2-3 business days for processing from the day it was received by BVHS.
- Transcripts do <u>not</u> include standardized test scores.

MAIL (or bring) TO:

Registrar Bishop Verot Catholic H.S. 5598 Sunrise Drive Fort Myers, FL 33919

(Last Name)	(First Name)	(Middle Name)	(Maider	n Name)
Date of Birth:		Current Phone Nur	mber: (<u>)</u>	
Graduated from	BVHS:YesNo	o If Graduate, Year o	of Graduation:	
I hereby grant pe	ermission for Bishop Ver	ot Catholic H.S. to rele	ease my transcript to	o:
Name of College	e/Agency/Company/Indiv	vidual/Self		
Street Address		City	State	Zip
Offici	you wish to have sent: ial Transcript (must be mail ficial Transcript (can be ma	,		
For Office use	Only: Date Received:	D	eate Mailed:	