

FENWICK



TRANSCRIPT REQUEST FORM

To: School Administrator

Re: Release of Student Records and/or Health Records

Except as expressly limited, you are authorized to forward copies of pertinent school records of the student named below to Bishop Fenwick High School. It is understood that this authorization is given in conformity with Student's Records Regulations by the Massachusetts Department of Education, 1975.

Student Name:

Current Grade:

Parent/Guardian Signature:

Date:

School Administrator: Please submit transcript along with any relevant standardized test scores for the current school year through the first marking period and past two complete academic years to:

Fenwick Admissions Office

99 Margin Street

Peabody, MA 01960