



Bishop Connolly High School
373 Elsbree Street
Fall River, MA 02720
508- 676- 1071

Transcript Release Form

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, the dissemination of student's records to other schools, colleges or universities, and perspective employers will occur only after you have given written permission for such requests. Please sign below if you desire that your records be released.

I hereby give my consent to the release of the school records of

Student Name (Maiden Name if applicable) _____

Year of Graduation _____

Social Security Number _____

From Bishop Connolly High School, to be sent to the following:

School/ employer Name _____

Address _____

This form becomes a part of the student's record thereafter.

Date

Signature

Current address:

Address _____

City, State, Zip _____

Telephone Number _____