



**Bishop Connolly High School**  
**373 Elsbree Street**  
**Fall River, Massachusetts 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 prospective 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 \_\_\_\_\_**

**From Bishop Connolly High School to the following:**

**School/Employer Name \_\_\_\_\_**

**Address \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature/Date**

**Current contact information:**

**Address \_\_\_\_\_**

**City, State, Zip \_\_\_\_\_**

**Telephone Number \_\_\_\_\_**

**E-Mail Address \_\_\_\_\_**

**\*There is a \$5.00 processing fee for all transcript requests.**

**Please return this form along with the processing fee to Bishop Connolly High School's Guidance Department.**