

Graduate Transcript Request
Cardinal McCarrick/St. Mary's High School

This release form is only valid for former Cardinal McCarrick/St. Mary's High School graduates. Other requests for transcripts should call the Guidance Office at (732) 721-0748.

Please answer all questions and print clearly. If requesting a transcript to be mailed to more than one address, a separate release must be completed for each address.

A \$5.00 fee applies for each transcript processed. Please forward this release form along with payment to:

Cardinal McCarrick/St. Mary's High School
 Guidance Office
 310 Augusta Street
 South Amboy, NJ 08879

I hereby give permission for Cardinal McCarrick/St. Mary's High School to forward my transcript to:

Name of University, College, School or Institution	
Street Address or P.O. Box	
City, State, Zip Code	

Student Information:

Year of Graduation	
First & Last Name	
Maiden name	
Street Address or P.O.Box	
City, State, Zip Code	
Phone Number	
Date of Birth	

Signature _____ Date _____

(Must be student's signature)

This release is not valid unless all questions are completed, student is at least 18 years of age, and is properly signed.