

# Authorization to Release Transcript

**\*NOTE:** There is a \$5.00 transcript processing fee, which can be in the form of cash or check. Please allow at least one week for processing.

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Maiden Name** \_\_\_\_\_

**Year Graduated** \_\_\_\_\_

**Send Records To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please accept this as my authorization to release my high school academic and/or health records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Payment Form:** (please check) \_\_\_\_\_\$5.00 cash    \_\_\_\_\_\$5.00 check to Sacred Heart Academy

Please send this form along with the \$5.00 transcript fee to:

Buffalo Academy of the Sacred Heart

3860 Main Street

Buffalo, NY 14226