

Saint Mary High School
64 Chestnut Street
Rutherford, NJ 07070

Final Transcript Release

Student Name: _____
Last First

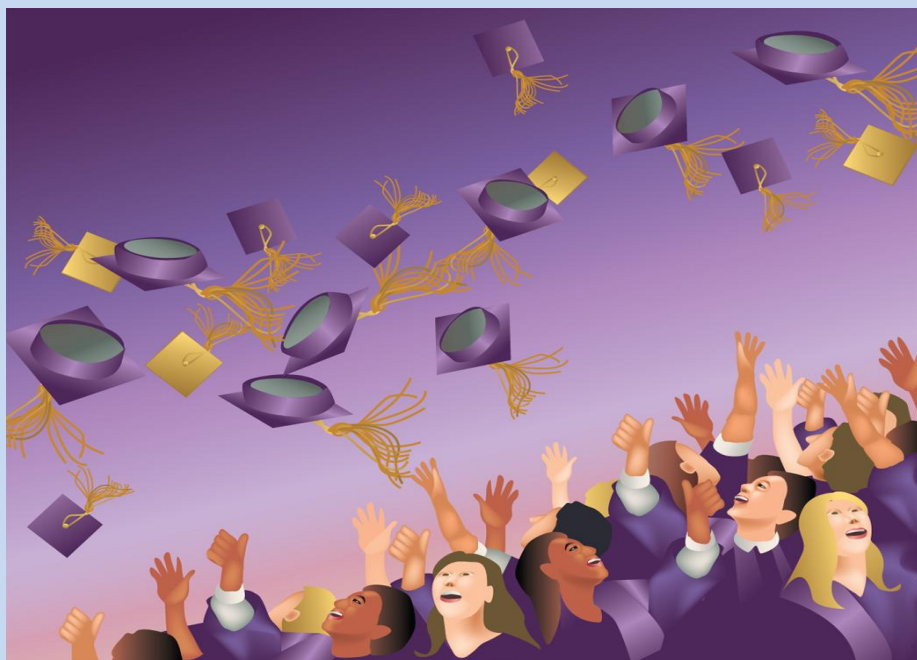
Date of Birth: _____

NAME OF THE COLLEGE/UNIVERSITY I WILL BE ATTENDING IN THE FALL:

Address: _____

Major: _____

Scholarship Awarded: _____



By signing below I give permission to my Counselor to send my Official Transcript.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____