

NEW BEDFORD HIGH SCHOOL RECORDS RELEASE FORM

I _____
First Name Middle Name Last Name (Maiden Name)

Date of Birth _____ Year of Graduation _____

If **NOT** a Graduate, please list the **YEAR** you **SHOULD** have graduated _____

authorize New Bedford High School to release my records to:

- My home address.
- Pick up at Main Office.
- The address listed below.

Name of Party or School(s)

Address

City, State, Zip Code

Fax to: _____ at _____

I understand that this information will be treated as confidential.

Signed _____
Student or Parent (If student is 18 or older, only student may sign.)

Street Address

City, State, Zip Code

Telephone Number

Date: _____

PLEASE NOTE: There is a \$1.00 fee per transcript request and an additional \$2.00 fee per mailing address. Please make money orders payable to: New Bedford High School. **All requests will be processed within 10 business days.**