

SAINT MARY'S SCHOOL

Final Transcript Request Form

School Name: _____

Address: _____

Please send a copy of my final official school transcript and/or records to

**Registrar
Saint Mary's School
900 Hillsborough Street
Raleigh, NC 27603
Fax: 919-424-4010**

Student's Full Name: _____

Date of Birth: _____/_____/_____

Current Address: _____

Current Telephone Number: _____

Student's Signature/Date

Parent's Signature/Date (if under 18)

Registrar's Signature/Date

Parental permission is no longer required when records are requested by authorized school personnel (Family Education Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976 Vol 41 No 118 Page 246731).