

2501 Pike Creek Road Wilmington, DE 19808 302-738-3300

Studies office: 302-757-8714

Authorization to Release School Information – Transcript Request

This is an authorization to release school information in accordance with Section 438 of Public Law 93-380, the Family Education Rights and Privacy Act of 1974. Transcripts are processed by the Studies Office. Partial transcripts are not issued. All transcripts will include the complete academic record at Saint Mark's, including courses accepted from other high school programs. There is no fee for transcripts. Please allow three to five days for processing of transcript requests. Outstanding financial obligations to Saint Mark's High School must be fulfilled before transcripts are released. Please save and email this form to studies@stmarkshs.net.

Your Signature					
yping my name above	constitutes my signature	e to authorize the forwarding of my tran	script as directed. Date		
Your Name at Graduati	on				
	FIRST	MIDDLE	LAST		
Date of Birth		Phone			
Your Email Address					
Your Mailing Address					
	CITY	STATE	ZIP	_	
Did you graduate from	Saint Mark's?	If YES , what is your year of gradua	tion?		
		If NO , what is your date of last atte	endance?		
Would you like an OFFI	CIAL or UNOFFICIAL trai	nscript?			
Offici	al Transcript (transcript	embossed with school seal, mailed in e	nvelope signed by registrar)	Official	
Unof	ficial Transcript (mailed	or emailed without school seal or signe	d envelope)	Unofficial	
Where should your tra	nscript be sent?				
a) (Check here if the transcr	ipt is to be issued and sent to the email	listed above.		
b) (b) Check here if the transcript is to be issued and mailed to the mailing address listed above .				
c) (Chere if the transcript is	to be issued and sent to a third party .			
If your transcript is to	be sent to a third-part	ry recipient, please provide the address	information for the recipient	below.	
For Internal Use Only	Date Received	Date Mailed	Mailed By		