



MARY HELP *of* CHRISTIANS ACADEMY

659 Belmont Avenue, North Haledon, NJ 07508 ♦ Phone: (973) 790-6200 ♦ FAX: (973) 790-6125 ♦ www.maryhelp.org

I, (please print) _____, authorize Mary Help of Christians

Academy to release my high school transcript to the following:

Institution/Name _____

Address to mail transcript _____

Name (if different than above) under which you attended Mary Help of Christians Academy:

Year(s) attended at MHCA: _____

Year Graduated: _____

Social Security Number: _____

I understand there is a \$5.00 fee for this service:

- I have enclosed the \$5 fee with this transcript request.
- My faxed transcript request will be followed by the \$5 fee via mail.

Signature: _____

Date: _____

(Please note: Transcripts not mailed directly to an educational institution may not be considered "official" by that institution.)