# ALUMNI TRANSCRIPT/INFORMATION REQUEST

**Attn: Guidance Re: ___ Transcript ___Official ____Unofficial**
**___ Certificate of Diploma**
**___ Immunization records**

**_____ Morris Catholic High School _____ Bayley Ellard High School**

**Name:** _____
**Address:** _____
_____
**Phone:** _____

**Dates of attendance:**_____

**If you attended Morris Catholic/Bayley Ellard under a different name, please note it below:**
_____

**There is a $5.00 fee per document. Please make checks payable to Morris Catholic High School.**

**Please forward documents to:**
_____
_____
_____
_____

***I hereby authorize the release of my transcript.***

_____ **Date ___/___/____**

**No transcript may be ordered by, or released to a third party without the written authorization of the student.**

Guidance Department
Morris Catholic High School
200 Morris Avenue
Denville, NJ 07834