



BERGEN CATHOLIC HIGH SCHOOL

Bergen Catholic High School Guidance Department Authorization for Release of School Records

Name of Student: _____ Date: _____

Counselor: _____

As a parent/guardian of the above named student, I hereby authorize the Guidance Department of Bergen Catholic High School to release his transcript file to all the institutions and/or scholarship services designated by my son, and to any college requesting the information for athletic or admissions purposes.

I understand that:

1. Official SAT and/or ACT scores must be requested by the student from the College Board and/or ACT to be sent to the schools. We recommend this be completed 2 weeks prior to the school's deadline.
2. Mid – year grades will be sent to all colleges listed on Naviance. A final transcript will be sent to the college indicated as final choice on Naviance.
3. Due to the large volume of applications processed by the Guidance Department, students must submit their College Deadline form to their counselor TWO WEEKS prior to any deadline date.

**No Transcript will be mailed until this form is signed and returned to the
Guidance Department.**

I have read the above information and I understand the contents. I also realize that no information will be mailed unless this form is completed and returned to the guidance department.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

Founded and Staffed by the Edmund Rice Christian Brothers

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