



# BISHOP NOLL INSTITUTE

Established 1921

## Transcript Release Request

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Date of Graduation \_\_\_\_\_ Telephone No.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Release transcript to:

Name/College/Business: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I authorize Bishop Noll Institute to release my Official High School Transcript.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cost: \$3.00 per Transcript

PLEASE SIGN AND RETURN WITH FEE TO: BISHOP NOLL INSTITUTE  
TRANSCRIPT REGISTRAR  
1519 HOFFMAN STREET  
HAMMOND, INDIANA 46327

If you have any questions, please call 219-932-9058 ext.1009.