



## Transcript Request Form

Please complete the section below and give it to your current school's office staff or registrar to complete and return to Notre Dame High School.

Student Name \_\_\_\_\_  
Last First Middle

Parent/Legal Guardian Name \_\_\_\_\_

Current School \_\_\_\_\_ School Phone Number \_\_\_\_\_

**Parent Authorization for Release of Records:** The undersigned hereby authorizes and consents to the release of all educational records, including evaluations and other requested information to appropriate personnel of Notre Dame High School. All information received will be kept confidential.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

## For the Registrar

Please complete the section below and attach a school transcript after the first trimester or semester. Please include all available test scores, grades, and copies of any special testing, 504 Plan, or IEP.

Registrar's Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mail to:

Notre Dame High School-Admissions  
455 Palma Drive  
Salinas, CA 93901

Or email transcripts to: [vherrera@notredamesalinas.org](mailto:vherrera@notredamesalinas.org)

Contact/Questions:

Mrs. Valerie Herrera Admission Coordinator  
Phone: 831.751.1850  
Email: [vherrera@notredamesalinas.org](mailto:vherrera@notredamesalinas.org)