



**SAINT RAPHAEL ACADEMY**

123 Walcott Street | Pawtucket, RI 02860-3256

Voice: 401-723-8100 | Fax: 401-723-8740

www.SaintRays.org

## Transcript Release Form

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

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

I give permission for Saint Raphael Academy to:

\_\_\_\_\_ Mail)      \_\_\_\_\_ Fax

My transcript to the following institution or place of employment:

School: \_\_\_\_\_

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

City/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Payment of \$3.00: \_\_\_\_\_ Cash

\_\_\_\_\_ Check