Fontbonne Milton, MA 02186 617.615.3014 www.FontbonneBoston.org



Please give this form to your current school.

(Name of Student)	
has been admitted to Fontbonne and has enrolly year. We hereby authors	
(Name of School)	
to release the followin Transcript Health Record	ng:
The transcript information should contain the s name, address and phone number, course titles completed, and attenda	s, course credits, grade level
gnature of Parent/Guardian	Date
anature of Student	