

# Transcript Release Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Home room number \_\_\_\_\_

Seton LaSalle Catholic High School has my permission to release my transcripts to the following schools:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Student signature \_\_\_\_\_

Parent signature \_\_\_\_\_