

Transfer Transcript Release Form

APPLICANT'S LEGAL NAME	LAST	FIRST	MIDDLE
DATE OF BIRTH		CURRENT GRADE	
CURRENT SCHOOL		SCHOOL PHONE	

Parent or Guardian

I give permission for copies of all transcripts, test records, and behavior reports to be sent to St. Vincent Pallotti High School.

PARENT OR GUARDIAN SIGNATURE	DATE
------------------------------	------

Please submit this form to your child's registrar or counselor for processing.

High School Registrar or Guidance Counselor

For current high school students, please provide a transcript and behavior report for all grades the student has attended at your school.

St. Vincent Pallotti High School
Attn: Office of Admissions
113 St. Mary's Place
Laurel, MD 20707

Phone: (301) 725-3228 Ext. 2202
Fax: (301) 725-5381
Email: admissions@pallottihs.org



ST. VINCENT PALLOTTI
— HIGH SCHOOL —