

# Transcript Release Form

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APPLICANT'S LEGAL NAME

LAST

FIRST

MIDDLE

DATE OF BIRTH

CURRENT GRADE

CURRENT SCHOOL

SCHOOL PHONE

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## 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.*

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## Registrar or Grade Counselor

Please provide a final 7th grade transcript and the 1st quarter 8th grade report card. Please include any standardized test results and behavior reports for the past two years.

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  
admissions@pallottihs.org



ST. VINCENT PALLOTTI  
— HIGH SCHOOL —