

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 and test records 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.

Registrar or Grade Counselor

Please mail a final 7th grade transcript and the 1st quarter 8th grade report card. Please include any standardized test results 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



ST. VINCENT PALLOTTI
— HIGH SCHOOL —