

**REQUEST FOR TRANSCRIPT (FORMER STUDENT)**

Please Print

I, \_\_\_\_\_ give permission for LaSalle High School to send copies of my high school transcript to the following:

Please indicate the name and address to which the transcript is to be sent

Is this a college \_\_\_\_\_, unofficial copy to self\* \_\_\_\_\_, other (specify) \_\_\_\_\_

Your phone number: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Year graduated from La Salle: If you did not graduate from La Salle, list the years you attended:

I understand that my transcript may include OGT, Proficiency Test, PSAT, SAT, ACT and Advanced Placement test scores.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form and \$5.00 to: La Salle High School  
3091 North Bend Rd.  
Cincinnati, OH 45239**

**(fax and e-mail requests are not accepted).**

**Please allow one week for processing.**

***\*a transcript is considered official ONLY when it is mailed directly from La Salle High School to the institution or business***

<b>Office use only</b>	Date received _____
Date sent _____	Sent by _____