

HOLY CROSS SCHOOL - TRANSCRIPT REQUEST

IMPORTANT:

- *Complete ALL Information*
- Print all information legibly
- Use ONE form for ALL college or scholarship applications

DATE REQUESTED: _____

STUDENT/GRADUATE INFORMATION:

Last Name First M.I.

Student's Cell Phone No.: _____

YEAR OF GRADUATION: _____

Social Security No: _____ - _____ - _____

- ___ Official Transcript
- ___ Unofficial Transcript
- ___ Official FINAL Transcript
- ___ Immunization Record
- ___ ACT Scores
- ___ College Application
- ___ Scholarship Application
- ___ Counselor recommendation request
- ___ Teacher recommendation request
- ___ Mid-year or 7-semester transcript request

COLLEGE INFORMATION:

College Application or Scholarship Deadline
Date _____

Name & Address of College(s) Organization or
Scholarship(s):

(The full name and address of institution must appear below.)

In accordance with the Privacy Act, transcripts and ACT scores can only be released or mailed with the verifiable approval of a student/graduate, or the parent/guardian of the student/graduate. I hereby authorize Holy Cross School to release an official copy of my transcript to the institution, organization, or individual given above. I understand that my Transcript Request form or forms MUST be submitted to the Counselor or Registrar five (5) school days prior to the college or scholarship mailing deadline.

Signature of Student/Graduate: _____

(Required to release records)

Mail form and fee to: Registrar, Holy Cross School, 5500 Paris Avenue, New Orleans, LA 70122

DO NOT WRITE BELOW THIS LINE

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- ___ Transcript
 - ___ Immunization Record
 - ___ Mid-year Transcript
 - ___ College application
 - ___ Scholarship application
 - ___ Counselor recommendation
 - ___ Teacher recommendation

Date information sent out _____

Initials: _____

___ \$5 Fee _____