

RELEASE OF ACADEMIC RECORDS

LANSDALE CATHOLIC HIGH SCHOOL

GRADUATES

I authorize Lansdale Catholic High School to release all of my academic records, including SAT and ACT scores.

Please forward to: (Name of School, Scholarship Organization, Company, etc. Include address if known.)

Date of Graduation from Lansdale Catholic: _____

Maiden Name (if applicable): _____

Date: _____

Print Name: _____

Signature: _____

Please include a check for \$4.00 made payable to Lansdale Catholic High School. Mail the completed form and check to:

Mrs. Regina Adams
Guidance Office
Lansdale Catholic High School
700 Lansdale Avenue
Lansdale, PA 19446