

Lansdale Catholic High School

Student Name _____

Transcript Request

Date Submitted to Guidance _____

CEEB Code- 392150

Class of 2016 2017 2018 2019 (Circle)

Please Send My Transcript to:

Select one: Include SAT or ACT scores _____

_____ **Do not include SAT or ACT scores** _____

(Name of College, Scholarship Program, NCAA, etc.)

Address: _____

Deadline for College/ Scholarship: _____

Letters of Recommendation From: *(Students must request a recommendation in advance from the counselor or teacher by personally asking for the recommendation and using the "Request for Recommendation" form.)*

Reminder: Please pay your **\$4** fee in the Tuition Office and return the Transcript Card with this form.

I authorize Lansdale Catholic High to release my Official Academic Transcript to the institution listed above.

Print Your Name _____

Sign Your Name _____