

***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 made payable to Lansdale Catholic High School. Mail the completed form and the fee to: Mrs. Anne Burns, Guidance Office, Lansdale Catholic High School, 700 Lansdale Avenue, Lansdale, PA. 19446.