Lansdale Catholic High School

Student Name \_\_\_\_\_

Transcript Request

Date Submitted to Guidance \_\_\_\_\_

**CEEB Code- 392150** 

Please Send My Transcript to:

(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\_\_\_\_\_