

DE LA SALLE HIGH SCHOOL

5300 St. Charles Avenue

New Orleans, Louisiana 70115

(504) 895-5717

Fax (504) 895-1300

AUTHORIZATION FOR FINAL TRANSCRIPT OR RELEASE OF RECORDS

(You must complete a separate form for each request.)

NAME (print) _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____

DATE OF BIRTH _____ DATE OF GRADUATION _____

There is a \$5.00 fee for all transcript requests which must be pre-paid.

All test scores will be released unless otherwise specified.

**Attach the correct amount to this form and return it to Mrs. Marilyn Piglia
D'Antoni (Registrar). Please allow five (5) business days to process request.**

PRINT CLEARLY ALL INFORMATION

COLLEGE OR AGENCY NAME _____
(print)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Amount paid \$ _____

PARENT / STUDENT SIGNATURE _____

DATE _____

NOTE: It is the student's responsibility to
complete all the information on this form.
Incomplete authorization forms
will not be processed.