



La Salle College High School
8605 Cheltenham Avenue
Wyndmoor, Pennsylvania 19038
215 402 4800 phone
215 233 0284 fax
admissions@lschs.org
www.lschs.org

FINAL TRANSCRIPT REQUEST &
MEDICAL RELEASE FORM

Dear Parent/Guardian,

In accordance with the Family Education Rights
and Privacy Act it is necessary for your son's school to
obtain your written consent in order to release
your son's transcript of grades and medical records
to La Salle College High School.

Please sign the form below and forward it to the
Principal/Guidance Counselor of his current school.

The student named below has enrolled at La Salle
College High School for the 2023-2024 academic year.

I authorize you to release copies of my son's academic
and medical records to La Salle College High School.

Applicant's Name (please print full name)

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

To the Principal/Guidance Counselor

La Salle College High School requires the
the following documents:

PLEASE MAIL FINAL TRANSCRIPT
AND MEDICAL RECORDS by
June 30, 2023
TO THE ATTENTION OF:

La Salle College High School
8605 Cheltenham Avenue
Wyndmoor, PA 19038

THANK YOU FOR YOUR ASSISTANCE.

Kevin B. Dougherty
Dean of Enrollment Management

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