Transcript Release Form



APPLICANT'S FIRST NAME	MIDDLE	LAST	
DATE OF BIRTH	CURRENT GRAD	E	
CURRENT SCHOOL	SCHOOL PHONE		
Parent or Guardian			
I give permission for copies of all transcripts	and test records to be	sent to Our Lady of Good Counsel H	ligh School.
PARENT OR GUARDIAN SIGNATURE		DATE	
Please submit this form to your child's registrar or counselor for processing.			

Registrar or Grade Counselor

Please email or mail a final 7th grade transcript and the 1st quarter 8th grade report card.

Please include any standardized test results for the past two years.

Our Lady of Good Counsel High School Attn: Office of Admissions 17301 Old Vic Blvd. Olney, MD 20832

Phone: 240-283-3230

Email: admissions@olgchs.org

Please do not fax transcripts.