Office of Admissions

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 **Final 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 2025-2026 academic year.

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

Student's Name (please print full name)

_____

Signature of Parent/Guardian

_____

***Kindly Mail* Final Transcript & Medical Records by June 30, 2025**
To The Attention Of:

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