

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 records to La Salle College High School.

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

Dear Principal/Guidance Counselor,

The student named below has enrolled at La Salle College High School for the 2026-2027 academic year.

I authorize you to release copies of my son's final 8th grade report card, immunization/vaccination record, and dental record to La Salle College High School.

Student's Name (please print full name)

Signature of Parent/Guardian

Please mail the following 3 documents to La Salle by June 30, 2026. La Salle does not require any additional historical information other than his:

- **Final 8th Grade Report Card**
- **Immunization/Vaccination Record**
- **Dental Record**

Kindly Mail Documents to the Attention of:

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