

TRANSCRIPT RELEASE FORM
LAKE CATHOLIC HIGH SCHOOL

\$2.00 per school for graduates
\$1.00 per school for current students

I hereby give permission to Lake Catholic High School to release the records of:

_____ class of _____
Print full name

PLEASE CHECK YES OR NO IF YOU HAVE COMPLETED AN APPLICATION ON LINE

to the following:

1) _____
(Name)

(Street Address)

(City, State, Zip)

APPLICATION ON LINE? YES _____ DATE _____

2) _____
(Name)

(Street Address)

(City, State, Zip)

APPLICATION ON LINE? YES _____ DATE _____

3) _____
(Name)

(Street Address)

(City, State, Zip)

APPLICATION ON LINE? YES _____ DATE _____

Date _____

Signature of Guardian

Partial _____

Final _____ Signature of Student (18 or over)

OFFICE USE ONLY

Fee paid _____ Date _____ Received by: _____

Secretarial date _____ Counselor Date _____