



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.

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

To the Principal/Guidance Counselor:

La Salle College High School requests the following documents be physically mailed to the Academic Affairs Office.

- Final high school transcript
- All medical records

**PLEASE PHYSICALLY MAIL
THE FINAL TRANSCRIPT AND
MEDICAL RECORDS TO THE
ATTENTION OF:**

[La Salle College High School](#)

Office of Academic Affairs
8605 Cheltenham Avenue
Wyndmoor, PA 19038

Thank you for your assistance.

Catrina Wheatley
Assistant to Academic Affairs
215-402-4896