

**REDEMPTORIST HIGH SCHOOL
TRANSCRIPT REQUEST FORM**

Note: La. public colleges receive transcripts electronically upon application to the college; therefore no request form is necessary unless you are applying early or for summer school immediately after graduation.

FORM MUST BE COMPLETE
ALLOW ONE WEEK PROCESSING TIME

PRINT student's name _____ **Year of Graduation** _____

I, _____, or _____
(parent or guardian signature) (student signature if 18 yrs. or older)

in accordance with the Family Educational Rights and Privacy Act of 1974*, do hereby authorize the release of transcript records

for: _____ to be sent to
(student's name)

_____ Self in sealed envelope (**official**)- how many: _____
_____ Self in unsealed envelope (**unofficial**)- how many: _____
_____ Institution listed below (one form per institution)

Include address below or write school pickup (main office) Name & address:

*No standardized test scores are included. Contact the standardized testing company for additional score reports.

Mail or bring signed form to 4000 St. Gerard Ave, Baton Rouge, LA 70805 or fax to 225-357-4555 ATTN: Registrar.

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