

Name \_\_\_\_\_

Date \_\_\_\_\_

OUR LADY OF LOURDES HIGH SCHOOL  
Counseling Department  
Poughkeepsie, New York

Authorization for Release of Official Academic Transcripts

I authorize Our Lady of Lourdes High School to release my academic transcript to all colleges/universities and/or scholarship programs that I designate, for admissions or scholarship purposes.

I understand that:

1. Official SAT and/or ACT scores must be requested by the student from The College Board and/or American College Testing to be sent to your college.
2. No transcript will be released until this form is signed and returned to the College Adviser.
3. Due to the large volume of applications processed by the College Adviser, students must submit their "College Application List" to the College Adviser **AT LEAST TWO WEEKS PRIOR** to any deadline date.

I HAVE READ THE ABOVE INFORMATION AND I UNDERSTAND THE CONTENTS.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_