OUR LADY OF LOURDES HIGH SCHOOL

TRANSCRIPT REQUEST (Please Print Clearly)

Name _____ Maiden Name _____
(If Applicable)

Address_____

_____

Phone _____ Date of Birth _____ Month/Year of Graduation _____

Transcript to be sent to: (Indicate proper name and mailing address of the college, including the department it goes to; for example: admissions, transfer admissions, registrar, etc.)

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$5.00 fee for each transcript - credit cards not accepted - checks or money orders should be made payable to Our Lady of Lourdes High School.

Please mail fee and this completed request to:
Our Lady of Lourdes High School
Attn: Mrs. Paonessa
131 Boardman Road
Poughkeepsie, NY 12603-4821

*Please note: Failure to complete this form properly will delay the processing of your transcript request. If you have any questions, please call Mrs. Paonessa at (845) 463-0400 Ext. 1110. Thank you.

Signature _____ Date _____