

Transcript Release Authorization

Name (During attendance at Elms): _____

Current Name (if changed): _____

Address: _____

City/State/Zip: _____

Telephone # - Home: _____ Cell: _____

Email: _____

Year of Graduation or Attendance: _____

I authorize Our Lady of the Elms to release my transcript to the following institution(s):

Please include address-

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If transcript needs to be faxed

If transcript needs to be faxed

Fax: _____

Fax: _____

There is a \$5 fee per transcript. Make check payable to Our Lady of the Elms.

Signature: _____

Date: _____

FOR OFFICE USE ONLY:
FAXED _____

CLEARED BY BUSINESS OFFICE _____
MAILED ON _____

DENIED _____
PICKED UP PAID _____