

TRANSCRIPT REQUEST

I, _____ give permission for Our Lady Academy to send a copy of my high school transcript to the following: *(Please indicate the name and address to which the transcript is to be sent):*

Your phone number: _(____) _____

Date of Birth: _____

Maiden name: _____

Year of Graduation (if you did not graduate, list the years you attended OLA): _____

NOTE: Official transcripts are signed by the school and stamped with the official school seal. They are sent in sealed envelopes and are only considered official as long as the envelope is not opened. Official transcripts cannot be faxed. They must be sent from OLA directly to the school/ institution.

Unofficial transcripts are not signed or sealed and may be faxed.

Check one:

_____ Unofficial Transcript

_____ Official Transcript

Signature _____ Date _____

Please return this form and \$2.00 to: Our Lady Academy, 222 S. Beach Blvd., Bay St. Louis, MS 39520. (Fax and E-mail requests are not accepted.)