



# Our Lady Academy

## Official Transcript Request

If you have a form to be completed by the counselor, please attach it to this sheet.

**All requests for transcripts will be processed within 3-5 business days.**

**Date Requested** \_\_\_\_\_

**Student Social Security #**   XXX   -   XX   - \_\_\_\_\_

\*In accordance with federal law, records cannot be released without permission of the student.

**Name** \_\_\_\_\_  
Last First Middle Maiden

**Current Phone Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Current Mailing Address:**

\_\_\_\_\_  
Street Address/P.O. Box City State Zip

**Number of Copies Requested:** \_\_\_\_\_

Official-Mailed \_\_\_\_\_ Official-Issued \_\_\_\_\_ Unofficial (Mailed-Issued) \_\_\_\_\_  
(Class schedules will be printed and mailed with the transcript for current OLA students.)

**\*Signature (required)** \_\_\_\_\_

**SEND TRANSCRIPT TO:** (Please write legibly.) There is no transcript fee charged for current students. There is a **\$5.00 fee** for each transcript sent for alumnae and former students.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail to:** Our Lady Academy  
Attn: Susan Gelpi, Counselor  
222 S. Beach Blvd.  
Bay St. Louis, MS 39520

**or FAX to:** (228) 467-1666  
**or email to:** susan.gelpi@ourladyacademy.com

**For Office Use Only:**

Date Mailed/Issued \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_ Paid: \_\_\_\_\_