

# DE LA SALLE HIGH SCHOOL

5300 St. Charles Avenue

New Orleans, Louisiana 70115

(504) 895-5717

Fax (504) 895-1300

## AUTHORIZATION FOR FINAL TRANSCRIPT OR RELEASE OF RECORDS

(You must complete a separate form for each request.)

NAME (print) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

**There is a \$5.00 fee for all transcript requests which must be pre-paid.  
Attach the correct amount to this form and return it to Mrs. Marilyn Piglia  
D'Antoni (Registrar). Please allow five (5) business days to process request.**

### PRINT CLEARLY ALL INFORMATION

COLLEGE OR AGENCY NAME \_\_\_\_\_  
(print)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Amount paid \$ \_\_\_\_\_

DATE \_\_\_\_\_

**NOTE:** It is the student's responsibility to  
complete all the information on this form.  
Incomplete authorization forms  
will not be processed.