



TRANSCRIPT REQUEST FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Birth date: _____ Graduation Year from La Salle: _____

VISA/MasterCard Number: _____

Exp. Date: _____ CVV Number: _____

I hereby give La Salle Catholic College Preparatory permission to release an official copy of my high school transcript to:

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature

Please Note: There is a \$5.00 charge per transcript which can be paid by check or VISA/MC. Please call Georgia Bartel, Registrar at 503.353.1411 if you wish to pay by credit card. If you wish to fax the form to La Salle, please fax it to Georgia Bartel, Registrar at 503.659.2535

Mailing Address: La Salle Catholic College Preparatory
Attn: Georgia Bartel
11999 SE Fuller Road
Milwaukie OR 97222