Transcript Release Form



APPLICANT'S FIRST NAME	MIDDLE	LAST	
DATE OF BIRTH	CURRENT GRADE		
CURRENT SCHOOL	SCHOOL PHONE		
Parent or Guardian			
I give permission for copies of all trans	cripts and test records to be se	ent to Our Lady of Good Cou	nsel High School.
PARENT OR GUARDIAN SIGNATURE		DATE	
Please submit this form to your child's	rogistrar or counsolar for proc	occina	

Registrar or Grade Counselor

Please email or mail any previous final grades and the 1st semester grades for this current school year.

Please include any standardized test results for the past two years.

Our Lady of Good Counsel High School Attn: Office of Admissions 17301 Old Vic Blvd. Olney, MD 20832

Phone: 240-283-3230

Email: admissions@olgchs.org

Please do not fax transcripts.

Incoming Freshman deadline: December 2, 2022