



The Academy of the
HOLY CROSS

SPONSORED BY THE SISTERS OF THE HOLY CROSS

TRANSCRIPT RELEASE FORM

TO: _____
Principal/Guidance Counselor

_____ *Present School Name*

_____ *Street Address*

_____ *City* _____ *State* _____ *Zip Code*

RE: Academic Records of: _____
Student's Name

_____ *Street Address*

_____ *City* _____ *State* _____ *Zip Code*

My daughter is applying for admission to The Academy of the Holy Cross for ninth grade. I therefore request and authorize you to release an official transcript of my daughter's 7th and 8th grade records received by Friday, January 8, 2021 to:

OFFICE OF ADMISSIONS
THE ACADEMY OF THE HOLY CROSS
4920 STRATHMORE AVENUE
KENSINGTON, MD 20895
admissions@academyoftheholycross.org

SIGNED: _____ Date: _____
Student's Parent/Guardian

It is the responsibility of the prospective student to have the above-mentioned records sent to The Academy of the Holy Cross. Please present this completed form to the principal/guidance counselor of the school currently attended by the applicant.