



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. I therefore request and authorize you to release an official transcript of my daughter's academic records for the past two completed academic years and the current academic year to date to be 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/counseling office/registrar of the school currently attended by the applicant.