ELYRIA CATHOLIC HIGH SCHOOL TRANSCRIPT FORM FOR SENIORS ONLY

I understand that it is my responsibility to send ACT and SAT scores to the colleges to which I apply.

Student's nameAddress		Homeroom	Homeroom Telephone No			
City						
I give permission for my transcript to	be se	ent to:				
	\$3.00) DATE	DATE	DATE		
COLLEGE/SCHOLARSHIP/OTHER				SENT	Т	
Parental Signature			Date			
Student Signature			 Date			