



ACADEMY OF OUR LADY OF PEACE TRANSCRIPT RELEASE FORM

Name of Student

Date of Birth

I, _____ (parent name) request
_____ (your daughter's current school) to
send the information listed below to the Academy of Our Lady of Peace.

Parent Signature

Date

ATTN: School Registrar, the following information is requested by OLP:

- Current year (at least one semester or trimester) transcript
- One year prior transcript
- Standardized testing scores (current year and one year prior)

**Copies of birth certificates, immunization records, and permanent student records are NOT required at this time.

Please send by **Sunday, January 15, 2023** — or once the first semester grades become available, to **admissions@aolp.org** or mail to:

Academy of Our Lady of Peace

ATTN: Office of Admissions

4860 Oregon Street, San Diego, CA 92116