

***Transcript Release Form
(High School Senior Only)***

Applicant must process this form so that the Selection Committee receives information at the designated deadline.

Name

ID #

I authorize the

(School name)

to release my transcript of grades to the St. Louis Italian Open for Children's Charities Inc. for use in determining my eligibility for a The LoRusso Hospitality Award. I understand that I will be responsible for any cost associated with sending this transcript.

Applicant Printed Name

Applicant's Signature

Date

School Name

Address

City/State/Zip

Please send transcript(s) by the **June 15th deadline** to the address below or scan & email to: **mikediraimondo@gmail.com**

**St. Louis Italian Open
The LoRusso Hospitality Award Committee
12511 Sunset Drive.
St. Louis, MO 63128**

Updated: 1 13 25