

Release of Information

(Present this form to the school where you are currently enrolled.

Please note: this form must be signed by parent/guardian.)

I hereby authorize

Name of Current School of Attendance

Street

City State Zip

to release the following information to Notre Dame High School for Boys:

* *CUMULATIVE ACADEMIC DATA* (grades, achievement and ability test results)

* *TEMPORARY DATA* (disciplinary and other reports)

* *CONFIDENTIAL DATA* (psychological testing and learning evaluation)

* *HEALTH RECORDS* (including immunization data)

for

Student's Name Social Security Number

Street

City State Zip

Parent/Guardian Signature: _____

Date: _____