

Record Release Request Form

NAME OF STUDENT _____

LAST

FIRST

MIDDLE

Home Address _____

Home Phone _____

NAME OF SCHOOL _____

Principal's Name _____

Guidance Counselor's Name _____

School's Address _____

School's Phone _____

School's Fax Number _____

School's E-Mail _____

In order that my child may be considered for admission, I hereby consent to the release of my child's records to Mount de Chantal Visitation Academy. **The records to be released are the transcript, attendance record, standardized test scores, medical records, and any other information that would be helpful to Mount de Chantal Visitation Academy in evaluating my child's application for admission.**