

The Catholic High School of Baltimore

RECORD RELEASE FORM

Parents/Guardians, please complete the form below if your daughter attends a public or independent school, and submit it to the applicant's current school, either to her guidance counselor or to her principal.

DATE: _____

TO: Principal/Guidance Counselor

FROM: Parents/Guardians of:

Student's Full Name: _____

Present Grade: _____

RE: Authorization for release of our daughter's current transcripts, as well as:

Sixth, Seventh, and Eighth Grade Final Grade Reports

Standardized Test Scores

Evaluation of Applicant's Qualifications

IEP Information or Psycho-Educational Evaluation

Student's Current Grades

This authorizes you, _____, to release the above information to:

The Catholic High School of Baltimore
Office of Admissions
2800 Edison Highway
Baltimore, Maryland 21213
Phone: 410.732.6200
Fax: 410.732.7639

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Home Phone: _____

Parent/Guardian Email Address: _____