

## ARCHDIOCESE OF CINCINNATI Release of Records Authorization Class of 2029

Please return this form to the grade school office no later than NOVEMBER 1, 2024.

| Current Grade School:  |        |                    |            |            |
|--|--------|--------------------|------------|------------|
| Current Grade: _   |        | Gender: Male       | Female     |            |
| Student Name: _  |        |                    |            |            |
| _  | Last   | First              | MI         |            |
| Mailing Address:   |        |                    |            |            |
| Number/Street or P.O. Box  |        |                    |            |            |
| -  | City   | State              | Zip        |            |
| I authorize that the following records for my son/daughter may be sent to the following high schools as part of each school's Admissions Process for the upcoming school year. <i>The following list of records cannot be removed or altered in any way</i> . I further authorize a release of final records to the school of choice, as indicated by the parent, at the conclusion of the school year. Finally, I authorize the school, which the above named student was attending, to discuss matters pertaining to the student with representatives of the high school(s) to which the records are being sent, as indicated below. |        |                    |            |            |
| <ol> <li>Report Cards for Grades 6<sup>th</sup>, 7<sup>th</sup> &amp; 8<sup>th</sup> (8<sup>th</sup> grade reports cards after 1<sup>st</sup> Quarter/Trimester)</li> <li>Birth Certificate</li> <li>Attendance Records (if not included on report cards)</li> <li>Suspension &amp; Expulsion Records</li> <li>Standardized Test Scores/Proficiency Test scores</li> <li>Evaluation Team Report (ETR)</li> <li>Any IEP/SP, 504 Plan or School Accommodation Plan, if applicable</li> <li>Student SSID# if not on Report Card</li> </ol>  |        |                    |            |            |
| Parent/Guardian Signature  | e:     |                    | Date:      |            |
| Parent/Guardian Printed N  | lame:  |                    |            |            |
| Parent/Guardian Email:Phone:   |        |                    |            |            |
| Please indicate with a "X" up to three schools to which records will be sent.  Only indicate the schools which you intend to apply.  |        |                    |            |            |
| Archbishop A   | lter   | Elder              | Seton      |            |
| Archbishop C   | arroll | La Salle           | Stephen T. | Badin      |
| Archbishop McNicholas  |        | Lehman             | St. Ursula | Academy    |
| Archbishop Moeller   |        | ☐ Mercy McAuley    | St. Xavier |            |
| ☐ Bishop Fenwick   |        | ☐ Mount Notre Dame | Summit Co  | ountry Day |
| Catholic Central   |        | ☐ Purcell Marian   | Ursuline A | cademy     |
| ☐ Chaminade Julienne   |        | Roger Bacon        |            |            |
| ☐ DePaul Cristo  | Rey    | Royalmont Academy  |            |            |