



# BISHOP BRADY HIGH SCHOOL

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City/Town State Zip

Telephone \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_

I, \_\_\_\_\_, give \_\_\_\_\_  
Parent/Guardian Current School

permission to release the above named student's **ACADEMIC TRANSCRIPTS CURRENTLY TO DATE, AS WELL AS TRANSCRIPTS FOR THE LAST TWO YEARS, ANY STANDARDIZED TEST SCORES, AND ANY CURRENT DISPLINARY REPORTS** for the purposes of review for admission to Bishop Brady High School.

Name of Current School \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name of Contact Person \_\_\_\_\_



**If notified by Bishop Brady High School that the above named student will be attending Bishop Brady, I hereby authorize the release of the student's final transcript, test scores, and medical/immunization records. These records should be forwarded to Bishop Brady High School at the end of the current academic year, or at the time of student's withdrawal from school.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**To the current school:** The student's deadline for submitting the above mentioned records for our review is December 15th for our first round of acceptances. If you received this request after December 15th, the student's application will be considered on a rolling admissions basis. We would appreciate your assistance in sending this information at your earliest convenience. A faxed copy for review purposes only will be acceptable.

**Thank You.**

### Instructions For Parent/Guardian

Complete this form and give the white copy to your current school.  
Please forward the yellow copy to Bishop Brady with your submission of Application.