



BISHOP BRADY HIGH SCHOOL

A CARING COMMUNITY

OFFICE OF ADMISSIONS, 25 COLUMBUS AVENUE, CONCORD, NH 03301
E: admissions@bishopbrady.edu | P: (603) 224-7418 | F: (603) 228-6664

RECORDS RELEASE FORM

STUDENT INFORMATION

_____	____/____/____	_____
Student Name	Date of Birth (MM/DD/YYYY)	Phone Number
_____	_____	_____
Address	City	State
_____	_____	_____
		Zip

PARENT/GUARDIAN PERMISSION TO RELEASE FORMS

As the parent/guardian of the student named above, I grant permission to my student's school to release the following records and information for the the purpose of admission review at Bishop Brady High School:

- **Complete Academic Transcript (including current year)**
- **Standardized Test Scores (if applicable)**
- **Current IEP and/or 504 (if applicable)**
- **Current disciplinary reports (if applicable)**

If the student named above is admitted to Bishop Brady High School and decides to enroll at the high school, I authorize the release of the student's official transcript, test scores, supporting academic documents, and medical/immunization records. These records should be forwarded by the sending school to Bishop Brady High School at the end of the current academic year or at the time of student's withdrawal from school.

_____	_____	____/____/____
Name of Parent/Guardian	Signature of Parent/Guardian	Date

SCHOOL INFORMATION

_____	_____		
Name of Current School	Fax Number		
_____	_____	_____	_____
School Address	City	State	Zip
_____	_____	_____	
Name of School Contact	Email Address	Phone Number	

INSTRUCTIONS FOR CURRENT/SENDING SCHOOL

Please send materials to Bishop Brady High School. Faxed or emailed copies will be accepted during the admission review process only.

INSTRUCTIONS FOR PARENT/GUARDIAN

Please submit a copy of this form to the current school AND a copy to the Bishop Brady Office of Admissions.