

AUTHORIZATION TO EXCHANGE INFORMATION

Student Name _____ **Current Grade** _____

As parent(s)/legal guardian(s) of the student identified above, I (we) authorize that:

(name of school)

release a copy of my child's attendance, transcript, standardized test scores, most recent report card or other pertinent information concerning my child's academic record.

A representative of my child's previous school is free to discuss my child's attendance, behavior, transcript or most recent report card with a representative of Ursuline Academy.

Signature of Parent(s) or Legal Guardian (s)

Date

Name of previous school _____

Address _____

City, State, Zip _____

Phone _____