



**AUTHORIZATION TO EXCHANGE INFORMATION FORM**

Parents/Guardians, please submit this form to the Registrar at your student’s school. Records must be sent directly from the school.

**I/We authorize the release of my/our student’s:**

- ★ Grades for the past three school years
- ★ Aptitude and achievement Test Scores
- ★ Interpretation of grading scale
- ★ Psychoeducational Evaluation (if applicable)
- ★ Learning Plan (if applicable)
- ★ 504 Plan (if applicable)
- ★ Attendance and disciplinary records
- ★ Immunization and medical records

**I/We authorize Ursuline Academy to contact schools and other sources to obtain information relative to my/our student’s application.**

Applicant’s Full Name \_\_\_\_\_  
FIRST MIDDLE LAST

School Year 20\_\_ - 20\_\_ Grade applying for \_\_9 \_\_10 \_\_11 \_\_12 Beginning Semester \_\_ Fall \_\_ Spring

Current School \_\_\_\_\_

School Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

Contact Email \_\_\_\_\_

**STATEMENT OF CONFIDENTIALITY**

It is the policy of Ursuline Academy that all information regarding the applicant’s application for admission will be treated with complete confidentiality.

**Signature(s) of parent(s)/guardian(s)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send all information to: Ursuline Academy  
Attn: Emily Valencia  
341 S. Sappington Rd  
St. Louis, MO 63122  
314-984-2815