

Parent/Guardian – Please print neatly and forward this form to applicant’s CURRENT SCHOOL

Student’s Name: _____ Student’s Date of Birth: _____
LAST NAME, FULL FIRST NAME MIDDLE NAME MONTH/DAY/YEAR

Current School Name: _____ Current Grade: _____

School Address: _____
STREET ADDRESS / CITY / STATE/ ZIPCODE

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

I hereby authorize the administration of my student’s current school to release to Bishop Alemany High School copies of all school records, standardized testing results, and any other developmental information regarding the above-named student.

Signature of Parent/Legal Guardian Date

Please provide a copy of:

- Student Transcripts Grades 6, 7, & 8
- California School Immunization Record
- Any Educational Assessments Available

To expedite delivery, the above listed documentation maybe faxed to **(818) 837-5390** or e-mailed to **Admissions@alemany.org**. However, please also send documents via mail.

Bishop Alemany High School
Community Outreach / Admissions Office
11111 N. Alemany Drive
Mission Hills, CA 91345-1197