



NOTRE DAME ACADEMY

Educating Young Women To Make A Difference

Release of School Records Form

**** PLEASE SUBMIT THIS FORM TO YOUR DAUGHTER'S CURRENT SCHOOL ****

TO: (Current school name) _____

RE: RELEASE OF TRANSCRIPTS AND TESTING DATA

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release to Notre Dame Academy of all school records, including grades, standardized test scores, health records and any other developmental information regarding the below named student:

Name of Student: _____ Date of Birth: _____

PLEASE ATTACH THIS FORM TO THE TRANSCRIPT AND MAIL:

1. One copy of the student's transcripts.
2. One copy of the student's most recent report card.
3. Any available test scores.

Please send the above requested records to:

Notre Dame Academy
Admissions Office
2851 Overland Avenue
Los Angeles, CA 90064

Phone: (310) 839 – 5289 ext. 213
Fax: (310) 839 – 7957

Name of Parent: _____

Signed: _____
Parent/Legal Guardian

_____ *Date*