



BISHOP CHATARD HIGH SCHOOL

5885 Crittenden Ave., Indianapolis, IN 46220 • 317-251-1451 • 317-254-5427 (fax)

AUTHORIZATION TO RELEASE STUDENT RECORDS

I hereby authorize: _____
Name of School

Street Address

City, State & Zip

Fax

to release the indicated records of : _____
Student's Name

*to: Admissions
Bishop Chatard High School
5885 Crittenden Ave.
Indianapolis, IN 46220
317-254-5427 (fax)*

Records Requested:

1. Transcript of Grades
2. Schedule of current courses and grades
3. Attendance Records
4. End of Course Assessment Results and any other standardized test scores (e.g. PSAT, PLAN)
5. Health Records
6. IEP and/or Special Services Records, if applicable
7. Disciplinary Records
8. Other _____

Parent or Guardian Signature

Date

Student Signature

Date