



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: Bishop Chatard High School, Enrollment
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

Parents/Guardians: Please submit this completed/signed form to the student's CURRENT school to start the record release process. The school will then send the records to BCHS.