



BISHOP CHATARD HIGH SCHOOL

AUTHORIZATION TO RELEASE STUDENT RECORDS

I hereby authorize: _____
Name of School

Street Address _____

City, State, Zip _____

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

to: Bishop Chatard High School
5885 Crittenden Ave., Indianapolis, IN 46220
admissions@bishopchatard.org (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/Guardian Signature

Date

Student Signature

Date

*Parent/Guardian: Please submit this completed/signed form to BCHS and the student's **current** school to start the record release process. The school will then send the records to BCHS.*