



## RELEASE OF RECORDS FORM

1339 East McMillan Street  
Cincinnati, Ohio 45206  
(513) 961-3410 Ext. 183

Student's Name \_\_\_\_\_

Name of School \_\_\_\_\_  
(current school)

Please release to St. Ursula Academy the High School Record Card needed to complete the above student's application. If there is additional information, please release as well.

The undersigned hereby authorizes SUA's admissions personnel to have access to all academic, health, or psychological records of the above named student, if necessary. It is also agreed that the admissions personnel have my/our permission to contact and speak to this student's current/previous school personnel about this student.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Parents: Please submit this form with application no later than  
November 18<sup>th</sup> 2011**