



## Release of Student Records Form

*This Form Is For New Students Only*

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**School Phone #:** \_\_\_\_\_

**To Whom It May Concern:**

**Please send all student records ( a record of work completed, standardized test scores, health records, grades earned, discipline report, and any other pertinent information) to assist us on placing the following students:**

NAME	BIRTH DATE	GRADE APPLYING FOR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If more information is needed, the principal, assistant principal, or counselor has my permission to request additional information by phone, fax, or email regarding academics discipline, special needs. etc.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Thank you for your assistance. Please send records to:**

**Admissions  
Cathedral of St. John Berchmans Catholic School  
947 Jordan Street  
Shreveport, LA 71101**

<b>OFFICE USE ONLY</b> Copy of Request Sent: 1 <sup>st</sup> Request: _____ 2 <sup>nd</sup> Request: _____ 3 <sup>rd</sup> Request: _____
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