



**Transfer Student Records Release to Carmel Catholic High School
(For high school Registrar)**

ACADEMIC AUTHORIZATION--(Bring to your current high school Registrar's Office.)

This signed authorization will direct your student's current high school to release those records needed to complete your student's application file.

Student Name _____
Last First Middle

School Now Attending _____

School Address _____
Street City State Zip

Name of Dean _____

***Please give this completed form to your student's current high school
Registrar's Office.***

AUTHORIZATION

I give my permission for the high school to provide the information listed below to Carmel Catholic High School.

Parent/Guardian Signature _____ Date _____

Information requested to be sent to Carmel Catholic High School

- 1. Copy of high school transcripts**
- 2. Standardized Test Scores**
- 3. Special services provided to this student at any point in time throughout high school. This includes Individualized Education Programs or 504 Plans, as well as the initial evaluation document.**

The school should mail or fax the information requested above to:
Carmel Catholic High School
ATTN: Director of Admissions
One Carmel Parkway
Mundelein, IL 60060
Fax: 847.566.8465