

STUDENT RECORDS RELEASE AUTHORIZATION

TYPE OR PRINT

Instructions: This form is to be used by the eligible parent/legal guardian (parents of a "dependent student" as defined by the Internal Revenue Code) or eligible student (age 18 or attending a post secondary educational institution) to request and authorize the release of student information.

Please send records to the following Address or Email

Admission & Records
Bishop McLaughlin Catholic High School
13651 Hays Road
Spring Hill, Florida 34651
admissions@bmchs.com



I authorize Bishop McLaughlin Catholic High School to: (check one)

- Obtain from _____
- Release to _____

Name of Agency/Person	Address	City	State	Zip
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Records of (full name while in school): _____
Last First Middle Maiden

Date of Birth _____ Daytime Phone () _____ **Student ID** (if available) _____

Last School attended _____ Date last attended _____

RECORDS REQUEST (please check) Academic Records: Transcript (high school) Permanent Record

* **Individual Request:** Proof of Graduation* SAT/ACT Scores* Immunizations* Psychological
 Birth Date Verification* Standardized Tests* ESE Records Other _____

Upon request, transcripts may be released to a college representative or college athletic dept without individual signed release forms. Yes No

If sending to address other than above, mail, fax or email record(s) request to: _____

If the request is to be faxed or emailed, it must be specifically indicated below.

AUTHORIZATION STATEMENT AND SIGNATURE

I authorize the Bishop McLaughlin Catholic High School to release or obtain the information specified above to the agency or individual above.

I understand that as a eligible parent/legal guardian or eligible student who is 18 years of age or attending a post secondary education institution, I have the right to review all records or student information being forwarded to the receiving party prior to release. I have also been informed that I have a right to a hearing to contest any information contained in requested records prior to release. I hereby authorized the release of records or information requested.

I understand that Bishop McLaughlin cannot guarantee the confidentiality of any information that is sent via fax or email. I further understand that transcripts that are faxed or e-mailed may not be considered official by the receiving agency. However, please FAX EMAIL my records to the number/e-mail address listed above.

Signature _____ **Date** _____
Eligible Parent/LegalGuardian, Student 18 Years of Age or Student Attending Post Secondary Educational Institution

FOR OFFICE USE ONLY

Date Received: _____ Walk-in Date: _____ Date Sent:: _____ By: _____