



Bishop McLaughlin Catholic High School

Est. 2003

Records Release Form

This release will allow Bishop McLaughlin Catholic High School to receive records and test scores to assist in evaluation for admissions.
(Please turn in to current school's records office)

Student's Name: _____ Birth Date: _____

I hereby authorize _____ to release
(Name of school/ address student attended)
to Bishop McLaughlin Catholic High School all pertinent academic information (standardized test results, student's school records, including grades and support plans), any academic diagnostic testing (concerning learning disabilities) and any other information deemed appropriate. I also waive my right of access to confidential statements as defined by the Family Educational Rights and Privacy Act of 1974.

For rising 9th graders, please include:

Report Cards from 6th, 7th and 8th Grade years
Standardized Testing from 6th, 7th and 8th Grade years

For transfer students, please include:

Report cards and testing for the 8th Grade and all high school years, along with a letter of good standing signed by an Administrator from current school.

High School Placement Test Release Form

I authorize _____ to release my student's
(Name of school where placement / entrance exam was taken if other than BMCHS)
High School Placement Test scores to Bishop McLaughlin Catholic High School.

Parent/Guardian signature: _____ Date: _____

Records to be sent to:

**Admissions
Bishop McLaughlin Catholic High School
13651 Hays Road
Spring Hill, Florida 34610
admissions@bmchs.com**