**AUTHORIZATION FOR RELEASE OF RECORDS**



233 N. New Ballas Rd.

St. Louis, MO. 63141

314-567-3500

314-567-1519 (fax)

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of student’s present or previous school)\*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address City, State, Zip

To release to: Admissions Office

 De Smet Jesuit High School

 233 N. New Ballas Road

 St. Louis, MO. 63141

Current transcripts, including all standardized test scores, and final transcripts when available.

I also authorize an administrator of De Smet Jesuit High School to contact school officials at my son’s present school for an informal discussion by telephone of my son’s academic and disciplinary history.

Thank you for your cooperation in sending current transcripts at your earliest convenience.

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent, guardian, or DSJ representative

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_