

# RECORDS RELEASE FORM

*Note to applicant:* **Do not** submit this form to the Office of Admissions with your completed application. Give it to the person at your school who handles student records so your documents can be sent directly to Bishop O'Connell High School.

## ***Part 1: To Be Completed by the Parent/Guardian***

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Name \_\_\_\_\_

School City \_\_\_\_\_ School State \_\_\_\_\_

Grade(s) of Attendance     7     8     9     10     11

I/We authorize Bishop O'Connell High School to contact schools and other resources to obtain information in support of the above-named student's application for admission. We will not seek access to confidential recommendation and evaluation materials received by Bishop O'Connell in support of this application. The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to Bishop O'Connell for that purpose.

If the student resides with both parents or parents share custody, both signatures are required.

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## ***Part 2: For the Records Office at the School Listed Above***

The student named above is seeking admission at Bishop O'Connell High School. Please provide one official transcript of courses including grades for the year(s) indicated. If the transcript does not provide your school's grading scale, please provide it as an attachment.

*Please mail the requested transcript and this Records Release Form to:*

Office of Admissions  
Bishop O'Connell High School  
6600 Little Falls Rd.  
Arlington, VA 22213