NOTRE DAME ACADEMY



Educating Women to Make a Difference

REQUEST TO RELEASE SCHOOL RECORDS TO NOTRE DAME ACADEMY 1699 HILTON DRIVE, PARK HILLS, KY 41011-2796 (859) 292-1829 FAX (859) 292-7722

| La | ast | First | Middle |
|--------------------------------------|---------------------------------|------------------------------------|-------------|
| BIRTHDATE: | | | |
| PREVIOUS SCHOOL ATT | ENDED: | | |
| SCHOOL ADDRESS: | | | - |
| City | State | Zip Code | |
| My daughter is present including: | ly enrolling at Notre Dame Acad | emy. Please release her complete s | chool recor |

- 1. Transcript with official seal and signature and the grades at the time of withdrawal
- 2. Attendance and discipline records
- 3. Medical records and immunization certificate
- 4. Standardized test scores
- 5. Special Education due process records
- 6. If the prior school charges tuition, please provide a statement verifying that this student no outstanding balance due for any tuition or fees.

Please read and sign the statement below:

It is agreed that admissions personnel at Notre Dame Academy have permission to contact and speak to this student's prior school's personnel about this student.

Parent signature

date

PLEASE SEND THE REQUESTED RECORDS TO NOTRE DAME ACADEMY, 1699 HILTON DRIVE, PARK HILLS, KY 41011-2796. THANK YOU.

1699 Hilton Drive • Park Hills, Kentucky 41011-2796 • tel: 859-261-4300• fax: 859-292-7722 web home page: http://www.ndapandas.org