

APPLICATION FOR ADMISSION

REQUEST FOR RELEASE OF STUDENT RECORDS

1300 E. NORTHERN PKWY. | BALTIMORE, MD. 21239 | P: 410.433.8880 | F: 410.323.8816 | WWW.MERCYHIGHSCHOOL.COM

For use by students from public or independent schools. Send this form directly to your current school.

| TO: Principal of Student's Present School | | |
|--|---|------|
| Present School: | | |
| Street Address: | | |
| City: | State: | ZIp: |
| FROM: Student's Parents/Guardian(s) | | |
| Street Address: | | |
| City: | State: | ZIp: |
| REGARDING THE ACADEMIC RECORDS OF: | | |
| Student's First Name: | Last Name: | |
| Our (my) daughter is applying for admission to at Mercy High School. In order for her applical must receive a copy of her cumulative academ. | tion to be processed, Mercy High School | |
| THESE INCLUDE:1. Final grades from the two most recent academic years, | | |
| 2. The most recent report card from the current year, and | | |
| 3. All standardized testing from her previous and current year | rs | |
| We (I) therefore request and authorize you to release these records and to send them, along with this form, to: | | |
| MERCY HIGH SCHOOL Office of Admissions 1300 E. Northern Parkway Baltimore, Maryland 21239-1998 Fax: 410-323-8816 | | |
| Thank you for your prompt attention to this request. | | |
| Parent(s)/Guardian Signature | | Date |
| Parent(s)/Guardian Signature | | Date |

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