



**AUTHORIZATION TO RELEASE RECORDS**

Name of Applicant: \_\_\_\_\_ Current Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Current School: \_\_\_\_\_

**Acceptance at Cathedral is contingent upon review of school records.**

I hereby authorize Cathedral to receive information from the school named above. Information/records to be released include:

- Contact personnel concerning applicant.
- Official administrative records (grades and academic work completed, class rank, and attendance data).
- Special service records including IEPs and 504s.
- Test scores (PSAT, PLAN, ACT, SAT).
- Group administered intelligence aptitude test scores.
- Record of extracurricular activities.
- Notices of suspension, exclusion and expulsion.
- Health reports.

**PURPOSE FOR COLLECTING AND/OR RELEASING INFORMATION:**

Student is applying for admission to Cathedral, 312 Seventh Ave. North, St. Cloud, MN 56303

Phone: 320-251-3421

Fax: 320-253-5576

You may authorize the release and/or collection of the indicated information by signing in the appropriate place. With respect to information released by Cathedral, you are entitled to review any of the indicated information prior to our release of this information to an outside agency or party. If you wish to do this prior to authorization, contact the Principal.

This authorization will be in effect for one year from the date requested and may not exceed one year from the date of parent's signature/approval.

In accordance with Federal and State law, you are not required to authorize this collection and/or release of information.

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Signature of Parent or Legal Guardian