

St. Joseph High School • 80 Willoughby Street • Brooklyn, NY 11201

*tel:* 718.624.3618 • *fax:* 718.624.2792

email: admin@sjhsbridge.org • website: stjosephhighschool.org

## PERMISSION TO RELEASE RECORDS

## **TO THE PARENTS:**

Please fill in, sign and return to your child's School.

A completed report is a necessary part of the application process at St. Joseph High School.

| Name of Candidate                                  | Applyin                    | Applying for Grade |  |
|--|----------------------------|--------------------|--|
| Name of School                                     |                            |                    |  |
| Address of School                                  |                            |                    |  |
| City   | State                      | Zip                |  |
| School Phone Number                                |                            |                    |  |
| □ I give permission for the school to release my c | laughter's school records. |                    |  |
| Signature of Parent of Guardian                    |                            |                    |  |
| Date   |                            |                    |  |

## TO THE SCHOOL:

The student above is applying for admission to St. Joseph High School. Please mail a copy of her records including grades and standardized test scores to St. Joseph High School. All information will be kept confidential and used only in the admissions process.

Sincerely,

Elizabeth Peralta Director of Admissions