



RELEASE OF RECORDS

To: _____ Date: _____
Principal or Counselor of Present School

The student named below is being considered for acceptance to Austin Catholic H.S. I authorize you to release the following records: transcripts, disciplinary infractions, and service plans, to aid in the acceptance process.

Name of Applicant

Signature of Parent or Legal Guardian

Applicant's Date of Birth

Present Grade Level

_____ Male **or** _____ Female (please check one)

Austin Catholic H.S. appreciates your prompt assistance
in providing these records.

PLEASE SEND THESE MATERIALS VIA EMAIL OR FAX:

Admissions@austincatholicacademy.org

Fax: 586-408-6034

**Austin Catholic H.S.
25925 23 Mile Rd.
Chesterfield, MI 48051
586-200-0143**