

## Records Release

This release will allow Jesuit High School to get necessary records and/or test scores to evaluate the student named below for admissions.

Student's Name:	
Student Birthdate:	
I hereby authorize	to release to Jesuit High School
all pertinent academic information including sta	andardized test scores, student's school records,
grades, discipline records, accommodations pl	an, and diagnostic testing for learning differences along
with teacher, counselor or administrator's reco	mmendations, and/or evaluation forms and any other
information appropriate to determining admissi	on of the named student to Jesuit High School.
Unofficial documents are acceptable. I also wa	aive my right of access to confidential statements as
defined by the Family Educational Rights and I	Privacy Act of 1974.
l also authorize (school where HSPT entrance exam was taken oth	to release HSPT scores to Jesuit High School
Parent/Guardian Signature:	Date:
Please direct inquiries to:	Please send records to:

Please direct inquiries to: Office of the Registrar 813-877-5344 X 512 FAX: 813-872-1853

Office of the Registrar
Jesuit High School
4701 North Himes Avenue
Tampa, Florida 33614