



Ursuline Academy

Release of Records

Please complete this form and submit it to your daughter's guidance counselor or principal to authorize the release of her records to Ursuline Academy.

To: _____ Date: _____

School: _____ Present Grade Level: _____

The student named below is applying for admission to Ursuline Academy. I authorize you to release the information requested to Ursuline Academy.

Applicant Name: _____

Parent Signature: _____

Ursuline Academy appreciates your assistance in providing a complete academic transcript. Please include:

___ The student's final grades for the most recently completed year and grades to date for the current school year

___ Scores of all standardized testing

___ Attendance records

Please send these materials by December 15, 2009 to:

Director of Admissions
Ursuline Academy
85 Lowder Street
Dedham, MA 02026

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