



## Consent to Release Information

To be completed by the parent or guardian of the student applying to the Companion Scholars Program and **forwarded to the student's guidance counselor or principal.**

To \_\_\_\_\_  
(Name of your child's school guidance counselor or principal)

My child, \_\_\_\_\_, is applying to the

2017-18 Companion Scholars Program is an academic enrichment program at St. Xavier High School. The application consists of a student application, parent/guardian statement and (2) teacher references. Please send a copy of my child's most recent grades, transcript, standardized test scores and discipline records no later than March 29, 2018 **to:**

**St. Xavier High School  
Companion Scholars Program  
600 West North Bend Road  
Cincinnati, Ohio 45224  
Attention: Jill Malik**

*Program Coordinator: Jill Malik*  
(513) 761-7815, ext. 526  
jmalik@stxavier.org

Please contact Jill Malik if you have any questions. Thank you for your help in completing my child's application to the Companion Scholars Program.

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guidance Counselor or Principal signature

\_\_\_\_\_  
Date