

Request for Academic Records

	Student's Name	Parent/Guardian N	ame	Parent's Contact Number
I/We	hereby authorize			
	Parent/Guardian Name		Student's Current School	
to relea	ase the following records of	 Student's Nam		
	Admissions Office at Xavier High Sc			
2.	Official transcript of all grades and Results of all available standardize Records of attendance and discipli	d achievement and/or aptitu	•	uding current grade)
Please	submit this form to your principa	l, guidance counselor, or hi	gh school placement	coordinator.
тотн	IE APPLICANT'S CURRENT SCH	IOOL		
	is not listed on the transcript, plea you for your assistance. Please conta Grade		e if you have any ques	itions.
		(current)		
togethe or mail	you for completing this form. Using er with the candidate's materials bef I these materials to Attn: Xavier Hig reduplication.	the information listed below ore December 4, 2024. Pleas	e email (preferred) to	admissions@xavierhs.org
Name o	of Person Releasing Transcript Mate	erials	Title	
Signatu	ire		Date	
Addres	es City	State	Zip Code	
Teleph	one	Fax	Email	