



Authorization to Release Student Records

I hereby authorize _____ to release the requested
Name of Current School
records of _____ to the Mater Dei High School Admissions Office.
Name of Student

Current School Information

- Name of School _____
- Street Address _____
- City, State and Zip _____
- Phone Number _____
- Fax Number _____

Requested Records

1. Transcript of Grades
2. Schedule of Current Courses and Grades
3. Standardized Test Scores (PSAT, PLAN, ACT, SAT, etc.)
4. Health Records
5. IEP and/or Special Services Records (if applicable)
6. Attendance/Discipline Records
7. Other _____

Send Requested Records to: Mater Dei High School
ATTN: Jill Seiler
1300 Harmony Way
Evansville, IN 47720

Phone: 812-426-2258 Ext: 322
Email: jseiler@evdio.org
Fax: 812-421-5717

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date