UNIVERSITY OF DETROIT JESUIT
HIGH SCHOOL AND ACADEMY

Student Name:_____ Date of Birth: _____

Address: _____

Phone: _____

Records Request Release for Educational Records

We hereby request all educational records, including

- ☐ official transcripts
- ☐ test scores
- ☐ discipline records
- ☐ attendance records
- ☐ IEP, 504 Plan, or any other accommodation plan

and any other pertinent information from every school attended during the last two school years for the student listed above.

Upon enrollment, I authorize you to release copies, not the CA60, of all requested information. We request that all the above information be released directly to:

Office of Admissions
University of Detroit Jesuit High School & Academy
8400 S. Cambridge Avenue
Detroit, Michigan 48221
313-927-2329
Admissions@uofdjesuit.org

_____ _____
Signature of Parent/Guardian Date

_____
Relationship to Student

PLEASE NOTE:

Under the provisions of the **Federal Law Privacy Rights of Parents and Students Act,** page 1213, subpart D, 99.30(b), and 99.31 (a) (2), it is not necessary to have the written consent of the parents to release records "*to officials of other schools or school systems in which the student seeks or intends to enroll….*"