

**AUTHORIZATION FOR RELEASE OF RECORDS**



233 N. New Ballas Rd.  
St. Louis, MO. 63141  
314-567-3500  
admissions@desmet.org

Student's Name: \_\_\_\_\_

I hereby authorize \_\_\_\_\_

(Name of student's present or previous school)\*

\_\_\_\_\_

Address	City, State, Zip
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To release to: High School Admissions Office  
De Smet Jesuit High School  
233 N. New Ballas Road  
St. Louis, MO. 63141

Current transcripts, including all standardized test scores, discipline records, and final transcripts when available.

I also authorize an administrator of De Smet Jesuit High School to contact school officials at my son's present school for an informal discussion by telephone of my son's academic and disciplinary history.

Thank you for your cooperation in sending current transcripts at your earliest convenience.

Signed: \_\_\_\_\_  
Parent, guardian, or DSJ representative

Date: \_\_\_\_\_