

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

This signed authorization will direct your student's current grade/middle school to release records that are necessary for your student's application file. Application files will not be considered complete unless the documents listed below have been received by Carmel Catholic High School.

Please give this completed form to your student's current grade/middle school principal.

Student Name					
First	Mi	Middle		Last 	
Name of Current School					
Address of Current School					
	Street	City	State	Zip	
Name of Principal					
AUTHORIZATION I give my permission for the gra School.	ade/middle school to provid	le the information listed	l below to Carmel C	atholic High	
Parent/Guardian Signature		Date			
SCHOOLS NEED	TO PROVIDE THE FOLLOWIN	NG INFORMATION TO CA	ARMEL CATHOLIC:		
 Copy of report cards from gra Standardized test scores from Discipline information Special services provided to the Individual Service Plans (ISP), Exchange with school person phone and email address: 	grades 7 and 8 his student in grades 6, 7, or 5 504 plans, ICEP, as well as th	e most recent evaluatior	n documentation.		
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The school should mail or scan and email the information requested to:

Office of Admissions - Records Carmel Catholic High School One Carmel Parkway Mundelein, IL 60060

Scan or email to: admissions@carmelhs.org