



Bishop McLaughlin Catholic High School

Est. 2003

13651 Hays Road
Spring Hill, Florida 34610

Records Release Form

**This release will allow Bishop McLaughlin C.H.S. to receive records and test scores to assist in evaluation for admissions.
(Please Turn in to Current School's Records Office)**

Student's Name: _____ Birth Date: _____

Please submit this form to your current school's guidance/registrar office.

I hereby authorize _____ to release
(Name of school/ address student attended in grades 6-9.)
to Bishop McLaughlin Catholic High School all pertinent academic information (standardized test results, student's school records, including grades and support plans), any academic diagnostic testing (concerning learning disabilities) and any other information deemed appropriate. I also waive my right of access to confidential statements as defined by the Family Educational Rights and Privacy Act of 1974.

I authorize _____ to release
(Name of school where placement / entrance exam was taken if other than BMCHS)

high school placement test scores to Bishop McLaughlin Catholic High School

Parent/Guardian signature: _____ Date: _____

Records to be sent to: Kathy J. Hinton-Scott
Bishop McLaughlin Catholic High School
13651 Hays Road
Spring Hill, Florida 34610

For incoming 9th graders, please include:

- **Report Cards: from Sixth, Seventh and Eighth Grade years
- **Standardized Testing: from Sixth, Seventh and Eighth Grade years