



ARCHBISHOP  
**MCNICHOLAS**

THAT YOUTH MAY ATTAIN FULL STATURE IN CHRIST

**Release of Records Form**

Parents/Guardians: Please

- Complete this form
- Give this form to your student's current school in order for McNicholas High School to receive the necessary paperwork.

The staff at \_\_\_\_\_ is authorized to complete the  
Current Grade School  
McNicholas High School 8<sup>th</sup> grade evaluation form for:

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth

I understand that 8<sup>th</sup> grade quarter grades and current standardized test scores will be recorded on the form and that teachers will be making placement recommendations on my child's behalf. I further understand that the information shared with McNicholas High School will be kept confidential and used for recommending appropriate courses and/or providing educational services should my student enroll.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please send records to:  
Archbishop McNicholas High School  
6536 Beechmont Ave  
Cincinnati, OH 45230