



NOTRE DAME HIGH SCHOOL

TRANSCRIPT RELEASE AND CONFIDENTIALITY FORM

FOR ALL APPLICANTS

Applicant: Please type or print your name and give this form to your current school's office with a stamped envelope addressed to:

Director of Admissions
Notre Dame High School
1540 Ralston Avenue
Belmont, CA 94002-1995

Student Name: _____

Current School: _____

I authorize the release of school records including an official transcript of all grades for the past two years as well as the results of academic testing regarding the above named candidate to Notre Dame High School. In authorizing this release, I acknowledge that I waive my right to read any confidential recommendations.

Signature of the student's parent/guardian: _____

Print Name: _____ Date: _____

To the student's current school registrar: Please send this student's official transcript including the first trimester/semester grades for the current year as soon as they are available. Also, please send the final transcript at the conclusion of the school year.

Notre Dame High School also requires a confidential recommendations from current teacher(s), counselor or principal. Accordingly, in order for these confidential forms to be released from the feeder school, parents must waive their right to inspect these confidential forms.

Under Federal Law, The Family and Educational Rights and Privacy Act, parents or legal guardians must authorize the release of school records.

For questions, please contact Alison Bianchetti, Director of Admissions at (650)595-1913, ext. 320.

Thank you for your assistance.

NOTRE DAME HIGH SCHOOL, 1540 Ralston Avenue, Belmont, CA 94002-1995

phone: 650-595-1913 | fax: 650-595-2643 | email: admissions@ndhsb.org | web: www.ndhsb.org