



# Immaculate Conception High School

## REQUEST FOR RELEASE OF RECORDS

Graduated \_\_\_\_\_  
(year)

Date \_\_\_\_\_

I hereby authorize Immaculate Conception High School to release a copy of my school records to:

**NAME OF COLLEGE/UNIVERSITY:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Full Name (maiden name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip