

RECORDS REQUEST

Request for Academic Records Gonzaga College High School

19 Eye St., NW, Washington, DC 20001
202-336-7101 (voice) * 202-454-1188 (fax)

~ Please submit to your current school office ~

STUDENT INFORMATION

Student's Name _____
(last) (first) (middle)

Address: _____
(street) (city) (state) (zip)

I request that a copy of official school records for the student named above be sent to Gonzaga College High School for the purpose of admission review and academic placement.

Please include the following:

- 1) report cards for the current and the prior academic year
- 2) results of standardized achievement and aptitude tests
- 3) records of attendance and disciplinary actions
- 4) if applicable, copies of personal evaluations or psychological reports

I authorize teachers to release information about my child that would identify apparent learning strengths and weaknesses and patterns of behavior.

Parent/ Guardian: _____ Date: _____

Schools should send information and this release form to:

Office of Admissions
Gonzaga College High School
19 Eye St., N.W.
Washington, D.C. 20001

