



Transcript Release Form

Student Name	_____
Social Security Number	_____
Current School Name	_____
School Address	_____
City/State/Zip	_____
Guidance Counselor	_____
Phone Number	_____
Fax Number	_____
E-mail Address	_____

I hereby grant permission to **Christian Brothers Academy** to contact my son's current school to request a copy of all of his ACADEMIC and HEALTH records. To process his application, the following information is required for review:

- Most recent report card (Guidance Department - Please indicate any advanced courses taken by this student such as math, science or language)

- Final report card for previous school year

- Most recent standardized test scores

Signature _____
(Parent or Guardian)

Date _____

Please return this form to:
Admissions Office
Christian Brothers Academy
12 Airline Drive, Albany, NY 12205