



CHRISTIAN BROTHERS
ACADEMY

Records Release Form

APPLICANT INFORMATION

Last Name (*suffix: Jr., I, II, etc.*)

First Name

Middle Name

Social Security Number

School of Record

School Street Address

City

State

Zip Code

Guidance Counselor or Administrator Name

Guidance Counselor or Administrator Email

Guidance Counselor or Administrator Phone Number

Guidance Counselor or Administrator Fax Number

I hereby grant permission to the above School of Record to provide a complete copy of my son's academic and health records to Christian Brothers Academy. Academic records should include:

- Most recent report cards
- Prior school years' final report card
- Standardized Test Scores
- IEP/504 Plans, if applicable

Parent / Guardian Signature

Parent / Guardian Name

Date

Please return this form to:

Admissions Office
Christian Brothers Academy
12 Airline Drive
Albany, NY 12205

Email: admissions@cbaalbany.org
Fax Number: 518-452-9804

Any questions regarding this form should be directed to the Admissions Office at 518-452-9809 ext. 121 or admissions@cbaalbany.org.