



**CHRISTIAN BROTHERS**  
A C A D E M Y

## Records Release Form

### APPLICANT INFORMATION

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

First Name

Middle Name

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Social Security Number

School of Record

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School Street Address

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City

State

Zip Code

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Guidance Counselor or Administrator Name

Guidance Counselor or Administrator Email

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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

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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](mailto: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](mailto:admissions@cbaalbany.org).