



# NATIVITY OF THE BLESSED VIRGIN MARY HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools

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OFFICE OF ADMISSIONS

## INFORMATION RELEASE FORM

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

I, the above named student's parent or guardian, give permission for the following records to be released from \_\_\_\_\_  
(name of school or school district)

*Please release the following records:*

*Academic and Scholastic Records  
Health and Dental Records  
Test Results – Psychological, IEP, & etc.  
Discipline Records*

**THESE RECORDS ARE TO BE SENT TO THE ABOVE ADDRESS.**

*These records are being requested because this student is enrolling with Nativity of the Blessed Virgin Mary High School. I understand that this release is specifically for the records listed above and only released to Nativity of the Blessed Virgin Mary High School.*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*