

**UNIVERSITY
HIGH SCHOOL**

O F I N D I A N A

**PLEASE GIVE THIS FORM
TO YOUR CHILD'S CURRENT SCHOOL**

Consent for Student Record Release

Student's Name: _____

Complete Address: _____

Birth Date: _____

Please send a copy of my child's school records to University High School of Indiana (include grades, attendance records, immunization records, ISTEP and other test scores, IEP if applicable, official transcript).

Date: _____

Signature of Parent: _____

Send a copy of the child's school records to:

**Nancy Webster, Director of Admission
University High School of Indiana
2825 West 116th Street
Carmel, IN 46032**