



Consent for Student Record Release

Please give this form to your child's current school.

Student Name _____

Student Address _____

City _____ State _____ Zip _____

Date of Birth _____

School official: The student above has applied for admission to University High School of Indiana. Please send a copy of my child's school records, including:

- Grades (current grades and transcript, if possible)
- Attendance records
- Discipline records
- Immunization records
- Any standardized test scores from the past two school years, if available

Records can be sent via email or mail to:

Nancy Webster, Director of Admission
University High School
2825 West 116th Street
Carmel, IN 46032
nwebster@universityhighschool.org

Parent/Guardian Signature _____ Date _____

If you have questions, please contact Nancy Webster
at 317-733-4475, Extension 120 or nwebster@universityhighschool.org.