



## 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 116<sup>th</sup> 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.