

REQUEST FOR STUDENT RECORDS  
CONSENT TO RELEASE



**Student's Personal Information:**

Full Name: \_\_\_\_\_  
*Last First Middle Initial*

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_  
*Month Day Year*

Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

What school is the applicant currently attending? \_\_\_\_\_

Present School's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School's Phone Number: \_\_\_\_\_

The above student, who is currently/ previously enrolled at your school, has started the process to enroll at Cristo Rey St. Martin College Prep. Please send the following records that may be useful to Cristo Rey St. Martin in evaluating, scheduling, educational planning, and counseling.

- Report Cards (**previous grade and current**)
- Standardized Test Scores (**previous grade and current**)
- School discipline report
- Official transcript
- Principal/ Counselor's Letter of Recommendation
- English Teacher Letter of Recommendation
- Math Teacher Letter of Recommendation
- Other records

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, hereby authorize the above-named school to send all medical, academics, counseling, individual testing, and other school records to Cristo Rey St. Martin College Prep.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Noemi Cuesta, Director of Admissions.  
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