



Request for Student Records

The following student is currently applying to attend Bishop Kearney:

STUDENT'S NAME: _____

Address: _____

City: _____

State: _____

Home Phone: _____

In order to serve this student effectively, please send us the following information as soon as possible. We appreciate and thank you for your expedience in forwarding records.

**Most Recent Report Cards
Standardized Testing Results
Health/Psychological and Disciplinary Records
504 or IEP Plan**

I hereby authorize:

School District: _____

to release the requested information about my son/daughter.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Please Return Form to:

Bishop Kearney | A Golisano Education Partner, Office of Admissions
125 Kings Highway South, Rochester, NY 14617, (585) 342-4000, x246