

Please send to: DePaul Cristo Rey High School

Office of Admission 1133 Clifton Hills Avenue Cincinnati, OH 45220 513.861.0600 Fax: 513.861.0900

Class of 2025 Request for Records

	Date:
Dear Parent/Guardian,	
Please sign this consent and forward it to your son/daughter's current Guidance Counselor/Principal.	
I hereby grant permission for	
	(Name of Current School)
to forward the following information contained in the school records of:	
(Name of Applicant)	
☐ Fi	nal 6th Grade Report Card
☐ Fi	nal 7th Grade Report Card
□ 8t	th Grade Report Card to Date (first quarter grades required)
☐ St	tandardized Test Scores from last three years
☐ St	tudent Disciplinary Records
☐ At	ttendance Records from last three years
☐ IE	P Records/Service Plan records
□ Ev	valuation Team Report (ETR)
☐ Bi	irth Certificate (copy)

(Signature of Parent/Guardian)