

## AUTHORIZATION FOR RELEASE OF RECORDS



Cardinal  
**GIBBONS**  
High School

STUDENT NAME: \_\_\_\_\_  
(Please print)

Date of Birth: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

**Records to be released:** *(Please provide all applicable documents.)*

- Transcripts of Scholastic Grades and Grading System Used
- Standardized Test Scores
- Attendance Record
- Educational Evaluations
- Discipline Reports (Broward Public Schools) or Computerized Discipline Report
- Immunization Records/Health Forms
- Community Service Hours Documentation (students currently in high school only)

The records indicated above should be released to:

**Cardinal Gibbons High School**  
**Admissions Department**  
**2900 NE 47th Street**  
**Fort Lauderdale, Florida 33308**  
**Phone: (954) 491-2900 Fax: (954) 772-1025**

**Name of School Releasing Record:**

**Phone:**

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

I hereby grant permission for the release of the above record(s). I agree that I will not seek access to confidential evaluation materials or school record(s) as they become property of Cardinal Gibbons High School.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**This section is for schools outside the United States ONLY:** Transcripts issued in a foreign language must be translated into English with an evaluation company that is certified by the United States Consul. In addition to the grade received for each subject, foreign transcripts must show the number of subject contact hours per week per subject. If a mathematics course was taken, please indicate course content if the title is not self-explanatory. With this information we can determine the student's placement in Cardinal Gibbons' curriculum.