



Request for Release of Records

To: _____
Name of Current School

Phone Number of Current School

Student Name	2021-2022 Grade

The above-named student(s) is applying to Immaculate Conception School. Please forward report cards and standardized testing results, as well as any documents relating to special educational needs, recommendations or accommodations, at your earliest convenience, to our Admissions Office, for each student listed.

Name of Parent/Guardian (*please print*) _____

Signature of Parent/Guardian _____ Date: _____

Please mail, email or fax documents to:

Immaculate Conception School

Email: admissions@theimmaculate.org

Attn: Admissions Office

Fax: 410-427-4895

112 Ware Avenue

Towson, MD 21204

Fax: 410-427-4895

Thank you for your cooperation!