



Arrupe Jesuit High School
4343 Utica Street
Denver, CO 80212
Phone: 303-455-4661
Fax: 303-455-7453

REQUEST FOR STUDENT RECORDS CONSENT TO RELEASE

Present School: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Student's Name: _____

Student's Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Grade: _____

*The above named student has applied for admission to Arrupe Jesuit High School.
Please send the following records to complete his/her admissions file.*

_____ 7th & 8th Grade Transcripts

_____ Test Data (Iowa/CSAP)

_____ Health and Immunization Records

Thank you for your cooperation and attention in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Marco Gomez SJ".

Marco Gomez, SJ
Director of Admissions

I hereby authorize the above-named school to send all medical, academic, counseling, individual testing and other school records to Arrupe Jesuit High School.

Parent/Guardian Signature: _____ Date: _____