AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS BISHOP THOMAS K. GORMAN CATHOLIC SCHOOL FOR PARENT / GUARDIAN Please complete the top portion of this form and email to admissions@bishopgorman.net. To: Registrar / Admissions Director Current School: Student's Full Name: Parent/Guardian Printed Name: _____ Current Grade: _____ Date of Birth: _____ Authorization: My child is applying to Bishop Gorman Catholic School. I authorize you to send the information requested below to the Bishop Gorman Admissions Office at the address listed below. Parent/Guardian Signature: _____ Date: _____ FOR SCHOOL USE ONLY **BISHOP GORMAN REQUESTS THE FOLLOWING INFORMATION FROM CURRENT SCHOOL:** • Official transcript (Grades 9th - 12th only) Report card (Grades 6th - 8th only) Standardized test scores Immunization records Attendance records (if not included in the report card/transcript) Conduct records (if not included in the report card/transcript) • Special programs information and testing results, if applicable, including IEPs, BIPs, 504 plans, accommodations plans, etc. Please return records directly to: Bishop Gorman Catholic School 1405 ESE Loop 323 Tyler, TX 75701 Attn: Director of Admissions Alejandra Casey Office: (903) 579-9408 Fax: (903) 561-2645 Email: admissions@bishopgorman.net

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