

# Archbishop Ryan High School

11201 Academy Road | Philadelphia, PA 19154-3397

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Office of the Assistant Principal for Academic Affairs

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## Release of Records Form

In accordance with the Family Rights and Privacy Act, it is necessary for us to have written consent in order to release pertinent school and medical records.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sincerely,

Nancy Kurtz '88  
Assistant Principal for Academic Affairs

To the Principal of \_\_\_\_\_  
(Name of School)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please send us a transcript of the credits, medical records and immunization records for:

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Name of Student)

who was enrolled in your school and is now applying for admission to:

Archbishop Ryan High School  
11201 Academy Road  
Philadelphia, PA 19154-3303