



CARDINAL O'HARA *High School*

Authorization for Release of Information Form

I hereby authorize:

Name of previous school

Address of previous school

City, State and Zip Code of previous school

Dates attended previous school

**To release academic and health records, individual education plans/504's,
and testing results on my child to Cardinal O'Hara High School.**

Student's name

Student's Date of Birth

Current Grade

Parent/Guardian Name – Please Print

Parent/Guardian Signature

Relationship to Student

Date of Request

Please forward information to:

Guidance Office
Cardinal O'Hara High School
39 O'Hara Road
Tonawanda, NY 14150
(716) 695-2600 - Phone
(716) 692-8697 - Fax