

## 2024-2025 Request for Transcript

Dear Parent/Guardian,

Please sign this consent form and forward it to your child's present Guidance Counselor or Principal.

I, \_\_\_\_\_, hereby grant permission for \_\_\_\_\_  
(Name of parent/guardian) (Name of current school)

to forward copies of the following information contained in the school records of \_\_\_\_\_.  
(Name of student)

Transcript of Report Card from Grade(s) \_\_\_\_\_

Grades to date for the current school year (must include at least first quarter)

Standardized Test Scores

Health and Immunization Record

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Dear Guidance Counselor or Principal,

This student is an applicant for admission to Cristo Rey Brooklyn High School. Please mail or fax this information to:

**Mr. Nolan Crowley**  
Admissions Director  
Cristo Rey Brooklyn High School  
710 East 37th Street Brooklyn, NY 11203  
Tel: 718-455-3555 | Fax: 718-455-3556

*Thank you in advance for your timely consideration to this matter.*