



# Transfer Application

## Transcript and Standardized Testing Request Form

ARCHBISHOP MITTY HIGH SCHOOL  
5000 Mitty Ave  
San Jose, CA 95129  
(408) 342-4300

**TO THE PARENT:** Please fill in this portion of the form. Parent/Guardian must sign the Parent Authorization for Release of Student Records. The form should then be submitted to the registrar of the applicant's current school. This information is confidential and used only by the Admissions Office at Archbishop Mitty High School.

**PARENT AUTHORIZATION FOR RELEASE OF RECORDS AND TESTING:** The undersigned parent or legal guardian hereby authorizes and consents to the release of any and all education records, recommendations, and any other such information as may be requested from any educational institution to the Director of Admissions at the Archbishop Mitty High School.

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

STUDENT \_\_\_\_\_

LAST NAME

FIRST NAME

MIDDLE NAME

PARENT/GUARDIAN \_\_\_\_\_

LAST NAME

FIRST NAME

M.I.

PHONE ( ) \_\_\_\_\_

PRESENT SCHOOL \_\_\_\_\_

SCHOOL PH. ( ) \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP

**TO PRINCIPAL, TEACHER OR COUNSELOR:** The above-named student is an applicant for admission to Archbishop Mitty High School. We are requesting **a transcript that includes grades through the first semester of the current school year and standardized testing results** for the student designated above.

- This information is of primary importance in evaluating the candidate for admission to the school.
- This information will remain confidential.
- Please return this form with the requested transcript and standardized testing results to the Admissions Office at Archbishop Mitty High School after first semester grades have been recorded.
- **Do not give this form or the requested material to the applicant.**