



# NOLAN CATHOLIC HIGH SCHOOL

## Records Release Form

(Provide this form to your student's school)

Name of Student: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

***I hereby authorize you to release academic records to Nolan Catholic High School.  
The following academic information is requested for my student:***

- Most Recent Standardized Test Scores (7<sup>th</sup> and 8<sup>th</sup> grade)
- Student's Academic Record  
(7<sup>th</sup> and 8<sup>th</sup> grade report cards for 9<sup>th</sup> grade applicants)  
(Last two years of report cards for upper level applicants)
- Documentation of learning disability and/or accommodations (if applicable)
- Official High School Transcript (upper level applicants)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward records via mail, fax, or as a PDF attachment to:

Mrs. Donna O'Malley  
Nolan Catholic High School  
4501 Bridge Street Fort Worth, Texas 76103  
Fax #: 817-395-0445  
[domalley@nchstx.org](mailto:domalley@nchstx.org)

For additional information, please contact:

Mrs. Lisa Griffith  
Director of Enrollment Management  
[lgriffith@nchstx.org](mailto:lgriffith@nchstx.org)