



Bishop McDevitt High School
1 Crusader Way
Harrisburg, PA 17111
Phone: 717-236-7973/Fax: (717) 234-1270

REQUEST TO RELEASE STUDENT INFORMATION

This form grants Bishop McDevitt High School permission to release confidential information for my student during the 2025-2026 SY. **This form only needs to be completed ONE TIME during the 2025-26 school year.**

Information To Be Released May Include:

- Official Transcript
- Mid-Year Report
- Current Schedule
- Report Card(s)
- Teacher Recommendations
- Counselor Recommendations
- Learning Support Documents

Your student's information may be released to the following:

- Colleges/Universities
- Scholarships
- NCAA Eligibility Center
- Military

STUDENT INFORMATION (Please complete):

<u>Student Name:</u>	<u>Date of Birth:</u>	<u>Year of Graduation:</u>

Please check and sign below:

____ I acknowledge that Bishop McDevitt High School has my permission to release the confidential information above for the 25-26 SY. I understand that requested materials will be submitted electronically through Naviance when possible.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____