



**BERGEN CATHOLIC HIGH SCHOOL**

**RECORD RELEASE FORM**

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Student's Last Name

Student's First Name

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Address

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Town

State

Zip

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Current School

Town

My son's application is being evaluated by Bergen Catholic High School, 1040 Oradell Avenue, Oradell, New Jersey 07649.

I authorize \_\_\_\_\_  
School Currently Attending

to release written and verbal records (educational, discipline, psychological) for the purpose of completing my son's application.

I authorize all schools and agencies maintaining these records to forward them to:

**Office of Admissions**  
Bergen Catholic High School  
1040 Oradell Avenue  
Oradell, NJ 07649

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Parent or Guardian's Signature

Date

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Address

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Town

State

Zip