



SAINT IGNATIUS

Cleveland • Jesuit • 1886

STUDENT RECORDS REQUEST

Student Name: _____

Parent/Guardian Name: _____

Current Grade: _____ Date of Birth: _____

Current School: _____

Address: _____

ATTN: _____

The student named above has applied as a student to Saint Ignatius High School. We are requesting the following records/information to allow us to process the application:

- ☐ Official academic transcript
- ☐ Standardized testing results and/or other academic evaluations
- ☐ School medical records

TO BE COMPLETED BY THE SCHOOL

Is this student in good academic, disciplinary and financial standing with your school? If no, please explain in the space below. _____ Yes _____ No

Transcripts/ Records Provide by:

Name: _____ Title: _____

Contact number/email: _____

Please return this form along with the requested items to:

Saint Ignatius High School

1911 West 30th Street

Cleveland, OH 44113

ATTENTION: Admissions Office

OR

Email records to: ngalmarini@ignatius.edu