



## RELEASE OF RECORDS

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal or Registrar of Present School

School Records are being requested from: \_\_\_\_\_

Fax Number: \_\_\_\_\_

The student named below is applying for admission to Holy Trinity Catholic High School. I authorize you to release copies of the information requested by Holy Trinity.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Parent or Guardian

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Last Date of Enrollment \_\_\_\_\_

Present Grade Level \_\_\_\_\_

Has the student ever registered in school under another name?  Yes  No

If **YES**, under what name \_\_\_\_\_

Holy Trinity appreciates your assistance in providing a complete academic transcript, including:

1. Grades for the most recently completed term at your school.
2. 504 Plans or any paperwork regarding learning disabilities
3. Complete grade record from your school and any other schools from which you have received records. (The last three full years of grading should be included. If this is not available from your school, please advise Holy Trinity or direct the applicant's parent to supply the missing record.)
4. Scores of all standardized testing
5. Immunization or other health records

**Please send these materials directly to:**

Holy Trinity Catholic High School  
Attn: Karmella Gonzales, Director of Admissions  
6608 West Adams Avenue  
Temple, Texas 76502

**Or**

Fax To: 254-771-2285 Attn: Director of Admissions

***Thank you for your assistance!***