



## RECORDS RELEASE REQUEST FROM PREVIOUS SCHOOL

Student \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

I give permission to: Previous School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

to release all records in your possession pertaining to the student named above, including academic, test results, behavioral, and immunization records.

Does this student have any special education needs? \_\_\_\_\_ Yes \_\_\_ No

If there is some reason that prevents you from sending these records, please notify us that you have received this Records Release Request form. Thank you.

Please send to: Holy Cross Catholic Academy  
4110 S. Bonham Street  
Amarillo, TX 79110-1113  
806-355-9637 Fax 806-353-9520

By signing this request for transfer, I relieve the school which the above-named student(s) was attending of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records (as defined by PL-93-380 and any amendments thereto).

\_\_\_\_\_  
Signature of Parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date