



Request for Student Records

Name of Student _____

Address: _____

Present School: _____

Address: _____

Date of Birth: _____

Present Grade: _____

The above pupil has enrolled in our school. Please send his/her records to the above school. Also any of the following information you can supply:

Retention History

Achievement Test Results

Progress Reports

Intelligence Test Results

Social & Emotional Development

Authorization To Release Student Records

I have enrolled my child in the above school and authorize you to release records to Holy Cross Academy.

Signature of Parent or Guardian: _____

Date: _____