



RECORD RELEASE REQUEST

Student: _____ Grade: _____

Date of Birth: _____ SSN: _____

NAME OF SCHOOL

I give permission to:

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? Y N

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

Please send to: **Holy Cross Catholic Academy**
4110 S. Bonham Street
Amarillo, TX 79110-1113

P 806.355.9637
F 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

ADDRESS

TELEPHONE

CITY, STATE ZIP

SIGNATURE OF ADMINISTRATOR

DATE

SIGNATURE OF SCHOOL OFFICIAL

DATE