



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