

HOLY CROSS
H I G H S C H O O L

Authorization to Release Records

Student First Name: _____

Student Middle Name: _____

Student Last Name: _____

I hereby grant permission for: _____ to
(Name of Student's Present School)

release my child's records (including but not limited to academic, attendance, disciplinary, health, psychological testing) to Holy Cross High School.

Name of Parent/Guardian: _____

Signature of Parent Guardian: _____ Date: _____