



# HOLY CROSS HIGH SCHOOL

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## Authorization to Release Records

Student's Name \_\_\_\_\_  
*First Middle Last*

I hereby grant permission for \_\_\_\_\_ to release my child's  
*(Name of Student's Present School)*

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        /        /         
*Month Day Year*