



REQUEST FOR RELEASE OF SCHOOL RECORDS

SCHOOL NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

STUDENT NAME: _____

CURRENT GRADE: _____ DATE OF BIRTH: _____

I hereby authorize you to release the school records listed below for my child:

- Cumulative Records Achievement Test Scores
- Health Records Psychological Records
- Any other information which might aid the student in making a satisfactory adjustment

If the above mentioned school is a private school/day care, I understand that Holy Redeemer Catholic School may contact the school to inquire about payment history. I also understand that all debt to the above mentioned school must be satisfied before my application to HRCS will be processed.

Parent/Guardian Signature

Date

Parent/Guardian Name – Please Print

PLEASE SEND RECORDS TO:

Admissions Office
Holy Redeemer Catholic School
1800 W. Columbia Avenue
Kissimmee, FL 34741