



# Holy Redeemer

CATHOLIC SCHOOL

God in all things

## 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

