



Request for Information or Release of Information for Previous School Transcripts

Student Name: _____

I grant permission to Holy Cross Regional Catholic School to release/request Academic and health records:

Name of School child is currently attending:

Address of School child is currently attending:

Date:

Signature of Parent/Guardian or Legal Age Student

Relationship to Pupil

Address

School

Requests for release of information should be forwarded to the Holy Cross Regional Catholic School.