



# Release of Records

Download this form and complete it in pen.

Student Name	Date of Birth	Grade
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Student Name	Date of Birth	Grade

The above student(s) is/are now enrolled at St. Thomas the Apostle Catholic School. Please forward the following information:

- Cumulative record folder
- Psychological and medical information including evaluation results
- Scores from achievement tests
- Key to your grading system
- Transfer sheet, indicating subjects being taken and grades achieved so far, if the student is transferring during the middle of a grading period.

Thank you for your cooperation.

\_\_\_\_\_  
Admissions Secretary

\_\_\_\_\_  
Date

## Parent/Guardian Permission for Release of Records

I hereby grant permission to \_\_\_\_\_  
Name of former school

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

to send my child's/children's records to St. Thomas the Apostle Catholic School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please forward all records to:

St. Thomas the Apostle Catholic School  
4510 N. 24<sup>th</sup> Street  
Phoenix, AZ 85016  
Phone: 602-954-9088, Fax: 602-381-3256