



RELEASE OF RECORDS

To: _____ Date _____
Principal or Registrar of Present School

Fax: _____

School Requests are being requested from: _____

The student named below is applying for admission to Holy Trinity Catholic High School. I authorize you to release copies of the information requested by Holy Trinity.

Name of Applicant Signature of Parent or Guardian

Social Security Number ____ - ____ - ____ Last Date of Enrollment _____

Present Grade Level _____

Has the student ever registered in school under another name? Yes No

If **YES**, under what name _____

Holy Trinity appreciates your assistance in providing a complete academic transcript, including:

1. Grades for the most recently completed term at your school.
2. 504 Plans or any paperwork regarding learning disabilities.
3. Complete grade record from your school and any other schools from which you have received records. (The last three full years of grading should be included. If this is not available from your school, please advise Holy Trinity or direct the applicant's parent to supply the missing record.)
4. Scores of all standardized testing
5. Immunization or other health records.
6. Disciplinary records.

Please send these materials directly to:

Holy Trinity Catholic High School
Attn: Director of Admissions
6608 West Adams Avenue
Temple, Texas 76502

Or

Fax To: 254-771-2285 Attn: Admissions

Or

Email To: admissions@holytrinitychs.org

Thank you for your assistance!