

PERMISSION TO RELEASE SCHOOL RECORDS

By my signature below, I, as a parent or legal guardian of _____
(student's name)

whose date of birth is _____ give permission to the principal of Central Catholic High
(date of birth)

School to request my child's records for the purpose of enrollment in grade _____

for the **2024-2025** school year.

To: _____
Previous School

Address

City

Zip Code

Place a check before the records authorized to be released:

- _____ All School Records Listed Below, or as Checked
- _____ Grades and Academic Records
- _____ Psychological Assessments and Records
- _____ Disciplinary Records
- _____ Attendance Records
- _____ Medical Records
- _____ Testing Results and/or Evaluations
- _____ I.E.P. or Other Educational Accommodations

Date

Parent/Guardian Signature