



## AUTHORIZATION TO RELEASE STUDENT RECORDS

I authorize:

Elementary School: \_\_\_\_\_

School Address: \_\_\_\_\_

Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_

to release my student's 6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup> grade academic, discipline, attendance, and other school records to the Holy Trinity High School Admissions Department.

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

**Please send to:**

**Holy Trinity High School  
Attention: Admissions Office  
Email: [admissions@holytrinity-hs.org](mailto:admissions@holytrinity-hs.org)  
Fax: 773-278-0144**

**Questions? Please call 773-278-4212 x3058.**

**"TRUE EDUCATION IS THE FORMATION OF THE HEARTS AND TRANSFORMING OF VALUES IN PEOPLE." – BLESSED BASIL MOREAU**