



# HOLY TRINITY HIGH SCHOOL

Over 100 years of keeping our promise to Chicago's youth

## AUTHORIZATION TO RELEASE STUDENT RECORDS

I Authorize: Elementary School: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

To release my student's academic, discipline/attendance, and/or other such school records to Holy Trinity High School Admissions Department:

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

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

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

Fax/Email to:

Admissions Department

Holy Trinity High School

Attention: Carla Rubalcava

Email: [crubalcava@holytrinity-hs.org](mailto:crubalcava@holytrinity-hs.org)

Fax: (773) 278-0144

Phone: (773) 278-4212 extension 3023