

St. Joseph High School

Rev. Allain Caparas
Principal

RECORD RELEASE FORM

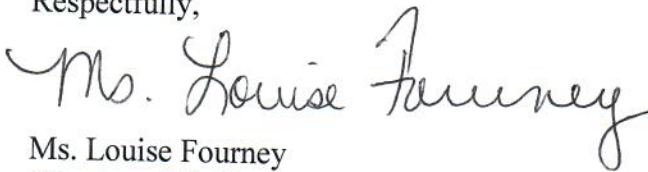
Dear Colleague:

The student whose name and address appear below has registered at Saint Joseph High School. Your assistance is requested. Please kindly forward the following information to our school.

- Student Official Transcript
- Original Medical Records
- Standardized Test Scores, including Grade 8.
- Student Classification Information
- Grade Equivalent/Academic Policy used at your school
- Discipline Record.

We appreciate your prompt response to our request is greatly appreciated.

Respectfully,



Ms. Louise Fourney
Director of Guidance

Student Information

Student Name: _____ Date of Birth: _____

Address: _____

Present School Information

Name: _____ Fax #/Email: _____

Address: _____

I authorize the release of the information presented above.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____