



## SCHOOL RECORDS AND RECOMMENDATIONS STUDENT RECORD RELEASE FORM

### To the Parent or Guardian:

Please give this form to the Principal or guidance Counselor at your child's present school so that they may forward school academic records, standardized test scores, health records, and any other pertinent information.

The application cannot be processed without this information.

Applicant's Name \_\_\_\_\_ To Enter Grade \_\_\_\_\_

### Parental Permission to Release Records:

In accordance with the Family Rights and Privacy Act of 1974, permission is granted to release the standardized test scores, scholastic record/transcript, health records, and discipline files if applicable, or any other pertinent information of my son/daughter to Peninsula Catholic High School. I understand that I may examine those records if I desire to do so.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### To the School:

The student named above is an applicant to Peninsula Catholic High School. Please send copies of the following information to:

**Director of Admissions  
Peninsula Catholic High School  
600 Harpersville Road  
Newport News, VA 23601**

- Academic Records to Date
- Standardized Test Records
- Health Records
- Discipline File, if any
- Psychological Profiles, if any