

Sacred Heart Academy

Request For Release of Records

To Parent or Legal Guardian of Applicant:

Please complete the top section of this form and forward it to the office of your daughter's school. In accordance with current federal, state and county regulations, student records, with few exceptions, may not be released to any person or agency without written consent of the parent/guardian or the student (if 18 years of age).

I (parent or guardian) hereby request that the principal of _____ or his
School Name
or her designee, release the records of _____
Student Name **Grade**

Please release the academic records for the following grade levels (please check or circle all that apply):

If applying to grade 9:

Grade 6

Grade 7

Grade 8

If applying to grade 10:

Grade 8

Grade 9

If applying to grade 11:

Grade 9

Grade 10

Parent or Legal Guardian Name (please print)

Parent or Legal Guardian Signature

Date

To School of Applicant:

Please send data below upon receipt of this form.

- identifying information
- standardized test information
- attendance information with explanation for excessive absences and/or tardiness
- if there is a disparity between standardized test scores and grades, please explain

Please submit the requested information to the Sacred Heart Academy Admissions Office via email or standard mail.

Email: admissions@sacredhearthamden.org

Mailing Address:

Sacred Heart Academy Admissions

265 Benham Street

Hamden, CT 06514