

Our Lady Help of Christians Academy

Record Release Authorization Form

DO NOT RETURN THIS FORM TO *Our Lady Help of Christians Academy*

Submit the completed and signed form to: **the school most recently attended by your child.**

Submit a separate form for each child.

IMPORTANT: *If your child will be enrolling in high school, these records are essential so that we may place your child in the appropriate classes.* Date: _____

Name of Student: _____
Last First Middle

Birthdate of Student: _____ Current Grade Level: _____

Name of School attended _____

Grade level(s) while attending school: _____

School Address: _____
Street address City, State, Zip Country (if not U.S.)

School telephone number: _____

My child is an applicant for admission to **Our Lady Help of Christians Academy**. I hereby authorize you to release to **Our Lady Help of Christians Academy** the any of following records that apply:

Transcripts of all academic work done or copies of report cards
Other Educational Evaluations
Disciplinary records
Health Records
Individualized Educational Plans or Service Plans
Psychological Reports and /or other schooled related data

Please send records to:

Attn: Secretary

**Our Lady Help of
Christians Academy**

32100 E. Colfax Ave.

Watkins, Co. 80137

Signature of Parent: _____

Printed name of Parent: _____

Parent Address: _____
Street address City, State, Zip Country (if not U.S.)