



# TRANSCRIPT RELEASE FORM

PARENTS: Please complete this section before giving the form to the head of your child's current school.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Current Grade \_\_\_\_\_ Current School \_\_\_\_\_

*I authorize the release of my child's records to St. Patrick's Catholic School.*

Parent Signature \_\_\_\_\_

To the Principal or Admissions Office:

The above student has applied for admission to St. Patrick's Catholic School. Please send this student's current transcript to Christie Anne Short, Principal, at the address below. All information will remain confidential. The forms of students not admitted to St. Patrick's will be destroyed.

If this student is admitted to St. Patrick's Catholic School at the end of this year, we will request a final transcript of the student's record. Please hold a copy of this authorization form on file so that a second form will not be necessary.

Thank you for your assistance.

FAITH, ACADEMICS, SERVICE | A COMMUNITY OF EXCELLENCE

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301-929-9672 | WWW.STPATRICKADW.ORG