Release of Records

Student Name	Date of Birth	Grade
Student Name	Date of Birth	Grade
Student Name	Date of Birth	Grade

The above student(s) is now enrolled at St. Thomas the Apostle Catholic School. Please forward the following information:

1. Cumulative record folder
2. Psychological and medical information including evaluation results
3. Scores from achievements tests
4. Key to your grading system
5. Transfer sheet, indicating subjects being taken and grades achieved so far, if the student is transferring before the close of a grading period.

Thank you for your cooperation.

Secretary's name (St. Thomas the Apostle Catholic School) _____ Date _____

Parent/Guardian Permission for Release of Records

I hereby grant permission to _____
Name of former school

_____
street address, city, state, zip of former school **(MUST BE COMPLETED)**

to send my child's/children's records to St. Thomas the Apostle Catholic School.

Date _____ Signature of parent/guardian _____

Please forward all records to:

St. Thomas the Apostle Catholic School
4510 N. 24th Street
Phoenix, AZ 85016

Phone: 602-954-9088
Fax: 602-381-3256