



**SACRED HEART
CATHEDRAL SCHOOL**
EST. 1956

AUTHORIZATION FOR RELEASE OF STUDENT’S RECORDS (GRADES 1-8)

To Parent/Guardian: Please complete, sign and return to SHCS. Your follow-up with your child’s current school is also beneficial. Applications submitted without academic records from the current school will be considered incomplete.

To the Current School: The following student has applied for admission to Sacred Heart Cathedral School

Student’s Name _____

Student’s Current School _____

Phone# _____ Fax# _____

Applying to Grade _____ Student’s Date of Birth _____

Please send the following information to:

Sacred Heart Cathedral School
Attn: Office of Admissions
711 S. Northshore Drive
Knoxville, TN 37919
Email: crojas@shcknox.org
or Fax: 865-558-4139

- Transcripts of two prior completed school years, if applicable
- First semester report card
- Any available standardized testing for the past two years, if applicable
- Any available special education records, if applicable
- Attendance and conduct records
- Any other pertinent information that would assist us in serving the student

I, _____ (parent or guardian), do hereby declare that I am legally responsible for the release of information concerning said student, and I do hereby request and authorize _____ (current school) to give in writing to Sacred Heart Cathedral School copies of all records pertaining to said student, upon receipt of this Release Request.

Signed: _____ Date: _____