



Holy Trinity School
1226 W. Santa Cruz Street
San Pedro, CA 90732
310-833-0703
310-833-5219 (fax)

RECORDS RELEASE FORM

Parent/Guardian:

Please complete this form so that it may be sent to your child's current school for his/her school records to be transferred to Holy Trinity School. This form will not be sent until the parent/guardian has received a formal letter of acceptance from the principal of Holy Trinity School and the necessary General Fee has been received.

To: _____
(Name of School)

(Address of School)

(City, State, Zip Code of School)

Please release to Holy Trinity School, all data and records (transcripts of grades, test results, medical data, and other evaluations) concerning the student listed below. The parent/guardian of this student has enrolled him/her at Holy Trinity School for the 2019/2020 school year.

Name of Student: _____
(First) (Middle) (Last)

Current Grade: _____ Students Birthdate: _____
(Month) (Day) (Year)

Signed: _____ Date: _____