



Holy Cross Academy

Release of Student Records

Parent/Guardian: Please complete the top section so that we may send for your child's previous school records.

Today's Date: _____

STUDENT INFORMATION

Name: _____ Date of Birth: _____ Grade: _____
(first/last) MM/DD/YYYY Current

Home Address: _____

School Currently Attending: _____

Street: _____

City/State/Zip: _____

Phone #: _____ Fax #: _____

Parent/Guardian Signature: _____

*According to the Family Educational and Privacy Act (FERPA), an educational institution may release student records
To officials of another school system without written consent of the parent/guardian.*

SCHOOL REQUEST

(School Office Use Only)

TO: Student Records Official
FROM: Dr. Stephen Fry, Principal

The above-named student has applied for admission to Holy Cross Academy. Please release **OFFICIAL COPIES** of the marked (x) items, as an admissions decision is pending:

- ☒ Scholastic record (please include current year's grades to date)
- ☒ Testing (academic and psychological)
- ☒ Health records
- ☒ Discipline reports
- ☒ All confidential files (including I.E.P.'s, etc.)
- ☒ Other pertinent information that would aid in evaluating effort/cooperation.

Please mail, fax, or email all information to: Holy Cross Academy
ATTN: Student Records
250 Stafford Lakes Parkway
Fredericksburg, VA 22406
djames@holycrossweb.com