



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 (first/last): _____ Date of Birth (MM/DD/YYYY): _____ Grade (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 22460
djames@holycrossweb.com