

# Records Request

## Request for Academic Records Holy Cross Academy

250 Stafford Lakes Pkwy, Fredericksburg, VA 22406  
Telephone 540-286-1600 Facsimile 540-186-1625

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School Name \_\_\_\_\_

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Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

*I request that a copy of official school records for the student named below be sent to Holy Cross Academy for the purpose of admission review and academic placement.*

**Please include the following:**

- 1) Report cards for the current and prior academic year**
- 2) Results of standardized achievement and aptitude tests.**
- 3) Records of attendance and disciplinary actions**
- 4) If applicable, copies of personal evaluations or psychological records.**

*I authorize teachers to release information about my child that would identify apparent learning strengths and weaknesses and patterns of behavior.*

STUDENT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GRADE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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Telephone (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

Schools should send information and this release form to:

**Deena Lanier, Registrar  
Holy Cross Academy  
250 Stafford Lakes Pkwy  
Fredericksburg, VA 22406**

Parent signature also serves as permission to send end of year report card if requested.