

Permission for Release of Records

Registrar: *The student named below has inquired about transferring to Central Catholic High School. In an effort to make a more informed admission decision, we kindly request the following:*

1. A **copy** of the student's official transcript from his/her current school including standardized test scores.
2. A **copy** of any behavioral and/or special education records.

Parent/Guardian: *Fill in the information requested and sign below.
(Please Print)*

Name of Student: _____

Current School: _____

School Address: _____

City, State, Zip: _____

School Phone: _____

I hereby authorize the release of copies of transcripts, recommendation forms, and test scores to Central Catholic High School for the above named student.

I also give my permission for behavioral and/or special education records of the student named above to be sent to Central Catholic High School.

Parent Signature: _____ Date: _____

Print Name: _____

Registrar: *Keep this original for your files and send a copy of this form with the information requested to:*

*Central Catholic High School
Office of Admissions
2401 SE Stark Street
Portland, Oregon 97214*