



ALL SAINTS

CATHOLIC ACADEMY

Pre-K 3 – 8th Grade

423 Ferry St. New Haven, CT 06513
ph: 203-777-5352 fax: 203-865-1271
admissions@asca.eduk12.net
www.AllSaintsNewHaven.org

FAX

DATE: _____ PAGES: _____

SUBJECT: **STUDENT RECORDS REQUEST**

MESSAGE: **A student in your school is applying** to transfer **THIS** school year
 to transfer **NEXT** school year

Please see the authorization of release below, and send the school records, including all grades and attendance, either by fax or by email (preferred).

FROM: All Saints Catholic Academy
Admissions

TO: _____

Fax: 203-865-1271

Fax: _____

Phone: 203-777-5352

Phone: _____

Email: admissions@asca.eduk12.net

Email: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN:

AUTHORIZATION OF RELEASE OF STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____

Current school name: _____

I hereby authorize the release of copies of the above-named student's school records including grades, health records, and any other developmental information to All Saints Catholic Academy.

I also authorize the president, principal, or pastor of any other school – religious, private, or public – that this student has attended, to discuss the student's application with All Saints Catholic Academy, along with any other matters relating to the student's enrollment at the above school that may be relevant to his/her application to and attendance at All Saints Catholic Academy.

I understand that information concerning tuition payment history may be provided. I release all persons, companies, and corporation supplying such information from and against any and all liability which might result from furnishing or receiving such information.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name (please print): _____