



ACADEMY OF  
HOLY ★ ANGELS

**Parent Request for School Information Release**

*This student record request is for the \_\_\_\_\_ school year.*

**Parent(s) or Guardian(s): Please send this completed and signed form to Academy of Holy Angels Admissions, not the student's current school.**

Student Name _____	Grade _____	Home Phone _____	Birth Date _____
Present School (2021-2022 school year) _____	School Fax Number <b>(Required)</b> _____		
School Attended (2020-2021, if different) _____	School Fax Number <b>(Required)</b> _____		

I give my permission to release the following information to the Academy of Holy Angels:

- Academic transcript for the 2021-22 and 2020-21 school years
- Standardized test scores (please include all on file)
- Attendance and tardiness record
- Behavior records (i.e. detentions, suspensions, etc.)
- Any and all other academic documents

**For students entering grades 10, 11 or 12, also include all high school academic transcripts.**

I understand that Academy of Holy Angels will request information from the school(s) my child has attended or currently attends. I understand that AHA must receive this information. Failure to provide AHA with complete information may result in a student's enrollment being delayed, withdrawn or denied.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Reminder: Parents should complete this form and return it to Holy Angels Admissions.

**Schools: Please scan and email or fax the above information to:**

**Meg Angevine  
Admissions Director  
6600 Nicollet Avenue South  
Richfield, MN 55423  
Ph: 612-798-0764 Fax: 612-798-2610  
[mangevine@ahastars.org](mailto:mangevine@ahastars.org)**