



ACADEMY OF
HOLY ★ ANGELS

Parent Request for School Information Release

Parent(s) or Guardian(s) should send this signed form to Academy of Holy Angels Admissions Department, not to the student's current school.

_____	_____	_____	_____
Student Name	Grade	Home Phone	Birth Date
_____	_____	_____	_____
Present School (2018-19 school year)	School Fax Number (Required)		
_____	_____		
School Attended (2017-18, if different)	School Fax Number (Required)		
_____	_____		

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

- Academic transcript for the 2018-19 and 2017-18 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 Failure to provide AHA with complete information may result in a student's enrollment being delayed, withdrawn or denied.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 fax or send the above information to:

**Meg Angevine
Admissions Director
6600 Nicollet Avenue South
Richfield, MN 55423
Ph: 612-798-0764 Fax: 612-798-2610**