



**DUE DATE: January 26, 2018**

**SACRED HEART HIGH SCHOOL  
COLLEGE PREPARATORY**

**Be Empowered | Be Unstoppable**

**Transcript Request Form**

**PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

*Applicant, please present this form to the school where you currently attend.*

TO: Current School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I hereby authorize the release to **Sacred Heart High School** all school records, including grades, recommendations and any other developmental information regarding the student named below.

*Please send school records and information including academic, discipline, attendance, and health records of the student.*

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send the above requested records for this student to:

**ADMISSIONS OFFICE  
SACRED HEART HIGH SCHOOL  
2111 Griffin Ave.  
Los Angeles, CA 90031  
Fax: 323.225.5046  
Email: [Admissions@shhsla.org](mailto:Admissions@shhsla.org)**