



DUE DATE: January 11, 2019

**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, STAR testing, 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**