



SACRED HEART HIGH SCHOOL

C O L L E G E P R E P A R A T O R Y

Be Empowered | Be Unstoppable

Transcript Request Form

Due Date: January 15, 2021

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

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

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**