



St. Genevieve Catholic School

"Where Everybody Is Somebody"

TRANSCRIPTS / RECORD RELEASE FORM

Date: _____

Student's Name: _____

I hereby authorize:

(Name of School Student Transferring From)

(Address of School)

(City, State, Zip Code)

to release to St. Genevieve School, the following:

- *Cumulative record*
- *Grades*
- *Aptitude test scores*
- *Medical and immunization records*

If applicable, please forward any education, psychological and/or special service evaluations, as well as, copies of classification and individualized education program conference report(s).