

SACRED HEART MIDDLE SCHOOL

142 South Elm Street
Waterbury, CT 06722
203-721-6354
sacredheartmiddleschool.org

TRANSCRIPT RELEASE FORM

My child _____

(NAME OF STUDENT)

has applied for admission to Sacred Heart Middle School in Waterbury,

Connecticut. I _____

(NAME OF PARENT/GUARDIAN)

hereby give my permission

for the officials of _____

(CURRENT SCHOOL)

school to release

to Sacred Heart Middle School any transcripts or other information needed to

evaluate the application. This would include academic, attendance, testing

and psychological records.

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)