Transfer Student
Record Release Form

Instructions for Parents: This form must be completed by a parent or legal guardian. **Please bring this form to your child's current school's record office** so they may send the documents listed below to St. Joseph High School.

Student's Name _____

I give my permission to _____ School to provide the
(Name of current high school)

following information concerning my child to the **Admissions Office** at St. Joseph High School. These items can be mailed (address below), emailed (admissions@sjcadets.org) or faxed (203-378-7306) for your convenience:

- ☐ **Transcript and/or Progress Report**
- ☐ **Standardized Test Scores (if available)**
- ☐ **Counselor/Administrator Recommendation**
- ☐ **School Behavior/Disciplinary Records (if applicable)**

Signature of Parent/Legal Guardian: _____

Date: _____

Office of Admissions
2320 Huntington Tpke | Trumbull, CT 06611-5099 | (203) 378-9378 | admissions@sjcadets.org