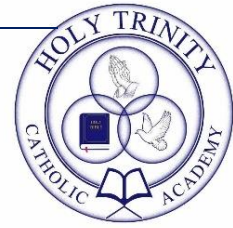


Holy Trinity Catholic Academy

503 Shelton Avenue
Shelton, Connecticut 06484
Phone: (203) 929-4422
www.holytrinitycatholicacademy.org



Release of Student Records

The Family Education Privacy Act requires that you provide written consent to your child's present school before any of their final records may be released to Holy Trinity Catholic Academy.

Current School _____

Address _____

City, State, Zip _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Please send Holy Trinity Catholic Academy the student's records as indicated below:

1. **Final Transcript** and any records of standardized testing.
2. **Health Records** (Immunization records, physical examination reports, speech/hearing/vision test reports, health problems and/or medications. Please send the **ORIGINAL RECORDS**. You may keep photocopies for your records, if you choose.
3. Any IEP or 504 Plan, if applicable.

Parent/Legal Guardian Signature _____

Date _____

Please send records to:
Holy Trinity Catholic Academy
503 Shelton Avenue
Shelton, CT 06484
Attn: Main Office