



South Hills Catholic Academy

shcacademy.com | 412.631.3131



Records Release Form

Student First Name: _____ Student Last Name: _____

Date of Birth: _____ Current Grade: _____ Entering Grade: _____

Parents Name: _____

Address: _____

I hereby authorize _____ to release the following
(Print Name of Current School Above)

records for my child, _____.

- | | |
|--|--|
| <input type="checkbox"/> Ongoing transcripts and report cards | <input type="checkbox"/> Discipline Records (If Applicable) |
| <input type="checkbox"/> Test Data/Standardized Test Scores | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> English Language (ELL) Test Score
(If Applicable) | <input type="checkbox"/> Health/Medical Records |
| <input type="checkbox"/> List of courses and grades at the time
of withdrawal | <input type="checkbox"/> Sport/Physical Documentation |
| <input type="checkbox"/> Ongoing attendance records | <input type="checkbox"/> Psychological/Psychiatric Evaluation
Records |
| <input type="checkbox"/> IEP (Individualized Education Plan)
If Applicable | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> 504 Plan (If Applicable) | <input type="checkbox"/> PA Secure I.D. Number |
| <input type="checkbox"/> Most Recent Behavior Intervention
Plan | <input type="checkbox"/> Other
_____ |

Signature of Parent or Legal Guardian _____

Date: _____