

## Permission for Release of Records

**Registrar:** *The student named below has inquired about transferring to Central Catholic High School. In an effort to make a more informed admission decision, we kindly request the following:*

1. A **copy** of the student's official transcript from his/her current school including standardized test scores.
2. A **copy** of any behavioral and/or special education records.

**Parent/Guardian:** *Fill in the information requested and sign below.  
(Please Print)*

Name of Student: \_\_\_\_\_

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_

**I hereby authorize the release of copies of transcripts, recommendation forms, and test scores to Central Catholic High School for the above named student.**

**I also give my permission for behavioral and/or special education records of the student named above to be sent to Central Catholic High School.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Registrar:** *Keep this original for your files and send a copy of this form with the information requested to:*

*Central Catholic High School  
Office of Admissions  
2401 SE Stark Street  
Portland, Oregon 97214*