



ST. RITA *of* CASCIA HIGH SCHOOL

AN AUGUSTINIAN COLLEGE PREP SCHOOL

Veritas † Unitas † Caritas

7740 S. Western Avenue Chicago, Illinois 60620 Phone: 773-925-6600 Fax: 773-925-2451

www.stritahs.com

RELEASE OF RECORDS FORM

Parents: Please complete the following information and have your son take this form to his school principal. This authorizes the release of your son's school records to St. Rita of Cascia High School. Federal and state laws require parents to authorize the exchange of this information.

A parent's signature is required. Thank you very much.

RELEASE OF RECORDS TO ST. RITA OF CASCIA HIGH SCHOOL

6th, 7th, and 8th Grade Report Cards and Standardized Test Scores

Student Name: _____

I hereby authorize _____
(Grade School Name)

to release my son's records and test scores as a part of his application to:

Admissions Office
St. Rita of Cascia High School
7740 South Western Avenue
Chicago, Illinois 60620

Email to: admissions@stritahs.com

Signature of Parent or Guardian

Date