



# Holy Family Catholic High School

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## Transcript Request Form

Please complete and return to Holy Family Catholic High School:

Student Name \_\_\_\_\_

School Presently Attending \_\_\_\_\_

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

\_\_\_\_\_

### Release Statement

*I hereby give permission to a representative of my child's current school to release school files to Holy Family Catholic High School. These files should include all medical, psychological and academic information, as well as standardized test scores.*

### Parent/Guardian Signature

\_\_\_\_\_  
*Name (Please Print)* *Date*

\_\_\_\_\_  
*Signature* *Date*

### Records Office:

Please send the requested materials to:

**Holy Family Catholic High School**  
8101 Kochia Lane  
Victoria, MN 55386  
School: (952) 443-4659 • Fax: (952) 443-1822  
[www.hfchs.org](http://www.hfchs.org)