



Holy Family Catholic High School

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 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