

RECORDS RELEASE

Request for the release of school records to St. Agnes Academy - St. Dominic School

Name of Student _____ Birthdate _____
Last First Middle

School Last Attended: _____ Grade _____

School Address _____

I do hereby authorize permission for the release of all the school records to St. Agnes Academy - St. Dominic School including, not limited to transcript, standardized test, conduct, honors etc. I further do hereby certify that I am the parent/guardian of the above named student.

Signature of Parent/Guardian:

_____ Date _____

The school requests that this information on the above student be forwarded to:

St. Agnes Academy - St. Dominic School

4830 Walnut Grove Road
Memphis, Tennessee 38117

Attn:
Dean of Admission

Parents should return this form to the Admission Office.