



6400 E. Chelsea St.
 Tampa, FL 33610
 TEL: (813) 621-8300
 www.cristoreytampa.org
 admissions@cristoreytampa.org

**REQUEST FOR STUDENT RECORDS
 CONSENT TO RELEASE FORM**

PARENTS: Please fill out this form and send it to your student's current school.

Student Name: _____
Last First Middle Initial
 Date of Birth: _____ / _____ / _____ Current Grade: _____
Month Day Year

Current School Name: _____

The above named student has applied for admission to Cristo Rey Tampa High School. Please send all of the following records:

- ◆ Unofficial transcript for the last 2 years (Public schools, please send an IPT Viewpoint snapshot.)
- ◆ Copy of the most recent report card
- ◆ IEP, 504, Reading Support, Professional Counseling Service Records, or other records
- ◆ Student Disciplinary Records
- ◆ Standardized test scores from the last 2 years
- ◆ Attendance records

I hereby authorize the above named school to send all academic, counseling, individual testing, and other records regarding my child to Cristo Rey Tampa High School.

Parent/Guardian Name (Print)

Parent Signature

Date

TO THE SCHOOL:
 Please send copies of this student's records to:

Office of Admissions
 Cristo Rey Tampa High School
 6400 East Chelsea St.
 Tampa, Florida 33610
 admissions@cristoreytampa.org