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## Request for Release of School Records

(for your use if needed in obtaining school records from the student's current school)

TO:

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

I authorize the release of my child's transcript, test scores and any related records, reports and evaluations, and request that they be included with my child's application to St. Croix High School. I also ask that you release updated transcripts and test scores to St. Croix HS as they may be requested.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### St. Croix High School

1200 Oakdale Avenue

West St. Paul, Minnesota USA 55118-2601

Phone: 651.455.1521 FAX: 651.451.3968