

Saint Joseph Catholic Parish School

Admissions Office 958 Epps Bridge Parkway Athens, GA 30606 706-543-1621

www.sjsathens.org

REQUEST FOR RELEASE OF STUDENT RECORDS

| Student's Name: | |
|--|--|
| Date of Birth: | |
| School Currently Attending: | |
| Current Grade: | Grade Applying to: |
| Current School Address: | |
| City:Sta | te: Zip: |
| School Phone Number: | School Fax Number: |
| following information: | tion to St. Joseph Catholic Parish School. I authorize you to release the most recent completed term in your school al Education Records |
| Signature of Parent/Guardian: | Date: |
| Please send these materials directly to: | Admissions Office Saint Joseph Catholic Parish School 958 Epps Bridge Parkway Athens, GA 30606 Fax #: (706) 543-0149 |

Scan and email to: admissions@sjsathens.org