



TIME SENSITIVE

REQUEST FOR STUDENT RECORDS

Parent/Guardian, please complete this form and give it to your child's CURRENT school. Your application will be placed on hold until we receive these complete records.

TO (*PRINT* CURRENT SCHOOL NAME): _____

RE: RELEASE OF TRANSCRIPTS, IMMUNIZATION RECORDS AND TESTING DATA

I hereby authorize the release of records to San Gabriel Mission High School of all school records, including grades, standardized test scores, immunization records and any other information necessary for academic success regarding the following student:

STUDENT FULL NAME: _____

Date of Birth: ___/___/___

NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE OF REQUEST: _____

PLEASE ATTACH THIS FORM TO THE FOLLOWING RECORDS AND SEND UPON RECEIPT OF THIS FORM

1. One copy of the student's transcripts/ report card
2. Immunization/ Health records
3. Any available test scores

Please send the above requested records to:

San Gabriel Mission High School
Admissions Office
254 S. Santa Anita Street
San Gabriel, CA 91776

admissions@missionpioneers.org
Phone (626) 282-3181 x116
Fax (626) 282-4209