



# HOLY TRINITY HIGH SCHOOL

Over 100 years of keeping our promise to Chicago's youth

## AUTHORIZATION TO RELEASE STUDENT RECORDS

I Authorize: Elementary School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

To release my student's academic, discipline/attendance, and/or other such school records to Holy Trinity High School Admissions Department:

Student Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_

Fax/Email to:

Admissions Department  
Holy Trinity High School  
Attention: Carla Rubalcava  
Email: [crubalcava@holytrinity-hs.org](mailto:crubalcava@holytrinity-hs.org)  
Fax: (773) 278-0144  
Phone: (773) 278-4212 extension 3023