CRISTO REY TAMPA
SALESIAN HIGH SCHOOL

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 the 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
Fax: (813) 620-1500
admissions@cristoreytampa.org