



# Norfolk Catholic School

an apostolate of Sacred Heart Parish

## Authorization for Release of Educational Records

In accordance with the Federal Privacy Rights of Parents and Students Act, the following signed consent is required for Norfolk Catholic High School to receive student information for use in conjunction with the student's application for admission.

The undersigned hereby consents to the release of all education records, including recommendations and such other information, as requested to Norfolk Catholic High School.

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent /Legal Guardian Printed Name: \_\_\_\_\_

Parent /Legal Guardian Signature: \_\_\_\_\_

Family Address: \_\_\_\_\_

Family Phone and E-mail: \_\_\_\_\_

Current School and Grade: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone and Fax: \_\_\_\_\_

- Please send:
- \_\_\_\_\_ Current schedule with most current grades at this time
  - \_\_\_\_\_ Transcript with credits; cumulative GPA; and total credits earned
  - \_\_\_\_\_ Records of standardized test scores
  - \_\_\_\_\_ Immunization Records
  - \_\_\_\_\_ Birth Certificate
  - \_\_\_\_\_ Other pertinent information

Send the requested information to: Norfolk Catholic High School

Attn: High School Office- [nchsoffice@sacredheartgs.org](mailto:nchsoffice@sacredheartgs.org)

or Mayra - [mayrahernandez@sacredheartgs.org](mailto:mayrahernandez@sacredheartgs.org)

Phone: 402-371-2784

Fax: 402-379-2929

*Walking With You to Meet Jesus*