

Parent/Guardian:

Please complete, sign and deliver to your child's current school



Student Record Release Request

(To be given directly to student's current school)

Mecklenburg Area Catholic Schools

To Current Principal/Head of School: As part of the application process, MACS requires unofficial academic records, please forward the below student(s) records to:

MACS Admissions Office
1123 South Church Street
Charlotte, NC 28203
Fax: 704-370-3292

Email: Admissions@charlottediocese.org

Please forward:

- Current year & Previous year grades and standardized tests results (two most recent years of academic history requested)
- Official transcript
- School profile
- Discipline and attendance history
- Immunization record & Physical
- Current Student Schedule
- Most recent IEP & 504 documentation
- Psychological evaluation
- Eligibility documentation
- Any other pertinent student records

Student has applied to the Mecklenburg Area Catholic Schools for admission to the _____ grade for the _____ school year.

Student's Name: _____

Last

First

M.I.

Home Address: _____

Street

City

State

Zip

Home Phone: _____

School Name: _____

School Address: _____

Street

City

State

Zip

Current School Telephone: _____

Current School Fax: _____

I, _____ (parent or guardian), do hereby declare that I am legally responsible for the release of information concerning said student, and I do hereby request and authorize _____ School to give in writing to Mecklenburg Area Catholic Schools copies of all records, including immunization records, pertaining to said student, upon receipt of this Release Request.

Signed: _____

Parent or Guardian

Date: _____