



QUEEN of ANGELS CATHOLIC SCHOOL

11340 Woodstock Road
Roswell, Georgia 30075
tel 770-518-1804 ext.101
fax 770-518-0945
www.qaschool.org

Release of Records

Instructions to the Parent/Guardian. *Please print or type the student information. Read and sign the authorization statement below. Deliver this form to the student's current school with a stamped envelope addressed to: Queen of Angels Catholic School, Admissions Office, 11340 Woodstock Road, Roswell, Georgia 30075.*

Applicant's Name _____

Current School _____ **Current Grade** _____

For the student named above, I hereby authorize the release of the following school records to Queen of Angels Catholic School for the purpose of admissions review and academic placement.

Parent/Guardian _____ **Date** _____

Instructions to the Applicant's Current School. *The student named above has applied for admission to Queen of Angels Catholic School. We would appreciate you promptly sending the following records:*

1. Official transcript of all grades for the past two years
2. Results of standardized achievement and/or aptitude tests
3. Records of attendance and disciplinary actions
4. Final transcript upon completion of the school year

If this student is admitted to Queen of Angels Catholic School, a request for a final transcript will be made at the time of enrollment. **Please hold this authorization form on file so a second form will not be necessary.**

Please mail records to: Queen of Angels Catholic School
Admissions Office
11340 Woodstock Road
Roswell, Georgia 30075