



# Annunciation Catholic School

246 East Main Street, Havelock, NC 28532

Phone 252-447-3137 \* Fax 252-447-3138 \* email info@acsnc.net

## RELEASE OF RECORDS

Date \_\_\_\_\_

Name of Previous School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I authorize the release of all records  
*School/achievement, cognitive testing, attendance and health records (designate)*

for \_\_\_\_\_, \_\_\_\_\_  
*Full Name of Student Current Grade*

to **Annunciation Catholic School**

for \_\_\_\_\_ TRANSFER effective \_\_\_\_\_  
\_\_\_\_\_ REVIEW only

.....

\_\_\_\_\_  
*Parent or Guardian's Signature Date*

\_\_\_\_\_  
*Phone Number*

<p><i>For Office Use Only:</i> <i>Faxed:</i> 1<sup>st</sup> Request – Date/Initial _____ 2<sup>nd</sup> Request – Date/Initial _____ Records Received by _____ Date Filed _____</p>
---