



ST. EDWARD CENTRAL CATHOLIC HIGH SCHOOL

Release of Student Records

Student Name _____ Grade _____ DOB _____

I hereby authorize release of student records TO/FROM (circle one- if you are transferring in circle "to" and if you are transferring out circle "from") St. Edward Central Catholic High School

Parent Name _____ Date Records Were Requested _____

Parent Address _____ City _____ State _____ Zip Code _____

Parent Signature _____

Records are requested from: _____ (name of school)

School Address _____ City _____ State _____ Zip Code _____

Please include the following documentation (we encourage you to check all of these):

- | | |
|--|---|
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> IEP/504 Records (if applicable) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Discipline Records | |

For students transferring to St. Edward's please send records to:
St. Edward Central Catholic High School
335 Locust St, Elgin, IL 60123
Attn: Registrar
Pamela Roesslein (proesslein@stedhs.org)
Phone: 847-741-7535
Fax: 847-695-4682

For students transferring from St. Edward's to another school:
Please send records to:

Name of School: _____

Address: _____

School Fax Number or Email Address for Registrar: _____

School Contact: _____

Updated 9/26/22