

# AUTHORIZATION TO RELEASE STUDENT RECORDS

## ***SAINT JUDE THE APOSTLE CATHOLIC SCHOOL***

*TWICE RECOGNIZED NATIONAL BLUE RIBBON SCHOOL OF EXCELLENCE – 2014 AND 2003*

7171 Glenridge Drive, NE  
Atlanta, GA 30328  
770-394-2880, Ext. 423

**Parents: Please complete this form and send it directly to your child's current school**

**Student Name:** \_\_\_\_\_

**Name of Current School:** \_\_\_\_\_

**Current School Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Current School Telephone:** \_\_\_\_\_

**Print Name of Parent/Guardian** \_\_\_\_\_

***Signature of Parent/Guardian*** \_\_\_\_\_ **Date** \_\_\_\_\_

***The student named above is applying for admission to Saint Jude the Apostle Catholic School.  
I authorize you to release all applicable information:***

1. Complete grade records for the **current school year and the previous two years**, if applicable.
2. Scores of standardized and IQ testing for the **current school year and the previous two years**, if applicable.
3. Report of psychological/psycho-educational evaluations if any.
4. Disciplinary records.
5. Special education reports and files (IEP) if any.

**Please send the complete transcript to:**

Mrs. Aileen Leahey, Director of Enrollment Management  
Saint Jude the Apostle Catholic School  
7171 Glenridge Drive, NE  
Atlanta, GA 30328  
770-394-2880, Ext. 423  
770-804-9248 (fax)

**Or scan/email complete transcript to [admissions@saintjude.net](mailto:admissions@saintjude.net)**