



AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

TO APPLICANT: PLEASE COMPLETE THIS FORM AND GIVE TO YOUR CURRENT SCHOOL REGISTRAR OR COUNSELOR. APPLICATIONS SUBMITTED WITHOUT ACADEMIC RECORDS FROM THE CURRENT SCHOOL WILL BE CONSIDERED INCOMPLETE.

TO SCHOOL: THE FOLLOWING STUDENT HAS **APPLIED** FOR ADMISSION TO KNOXVILLE CATHOLIC HIGH SCHOOL.

Student Name _____

Applying to Grade _____ Date of Birth _____

Name and Address of Current School _____

School Phone _____ School Fax _____

CURRENT SCHOOL: PLEASE RELEASE THE FOLLOWING INFORMATION TO KCHS:

- *Academic Transcripts of at least **TWO** prior completed school years.
- *First Semester Report Card
- *Standardized Test Results
- *Attendance Records
- *Discipline Information
- *Any Educational Testing Or Special Education Records

Email Records to: Joni Punch, Director of Institutional Advancement
joni.punch@knoxvillecatholic.com
Knoxville Catholic High School
9245 Fox Lonas Road
Knoxville, TN 37923

Signature of Parent or Guardian _____ Date _____

KCHS ADMISSIONS OFFICE: PHONE 865.560.0502 | joni.punch@knoxvillecatholic.com