

ST. PETER CENTRAL CATHOLIC

865 Main Street
Worcester, MA 01610
508 791-6496
fax 508 770-0818

ST. PETER CENTRAL CATHOLIC

**TRANSCRIPT
RELEASE**

For _____
STUDENT'S NAME

To Applicant

The Commonwealth of Massachusetts mandates that the Schools in the State obtain a signed release from parents/guardians of a child prior to the release of records. We ask, therefore, that you sign and return this release to your child's most recent school's principal or guidance counselor.

I hereby give permission for _____
Name of school

To forward the school and health records for _____ to St. Peter
Central Catholic School. Name of student

Signature of parent/guardian

Date

To School Registrar

The above named student is applying for admission to St. Peter Central Catholic. Please submit health records and academic information including standardized test, courses taken, grades, and letter of discipline. Your assistance is appreciated.

Please address these materials to:

**St. Peter Central Catholic
865 Main St.
Worcester, MA 01610**