



Records Release Consent

Please submit this form to your **current** school. This form authorizes your current school to send your student's records to:

*SMCHS Admissions Office
22062 Antonio Parkway
Rancho Santa Margarita, CA 92688
(949) 766-6076 Fax (949) 766-6005*

I _____ request that _____
(Parent Name) (Current School)

Please send the following official documents to Santa Margarita Catholic High School as soon as possible.

- 7th and 8th Grade official Transcripts
- Copies of Standardized Testing
- Immunizations

Thank you for sending these documents to Santa Margarita Catholic High School. These documents are a part of the admissions process for our child _____.

Please call me if you have any questions regarding the request of these documents. Thank You.

(Child's Name) (Parent's Signature)

(Street Address)

(City, State, Zip)

(Phone Number) (Date)