



HOLY CROSS ACADEMY

250 STAFFORD LAKES PARKWAY FREDERICKSBURG VA 22406
540-286-1600 TEL 540-286-1625 FAX

RECORDS DEPARTMENT

Name of School _____

Address _____

Dear Sir/Madam:

The following student(s) has/have registered at Holy Cross Academy:

Please forward to us:

1. Transcripts of grades
2. Testing results (educational and psychological)
3. Complete health records
4. Any other information pertinent to this student's academic placement.

All records should be sent by the school to the following address:

Records Department
Holy Cross Academy
250 Stafford Lakes Parkway
Fredericksburg, VA 22406

Your prompt response to this request is appreciated.

Sincerely,

Sr. Susan Louise, OSFS
Principal

I hereby authorize the release of records relative to my child's previous educational experiences.

Parent/Guardian

Date