



# St. Catherine of Siena Academy

## Records Release Form

**Parents: Please provide this Records Release Form to your daughter's middle school secretary or registrar. Records (CA-60) must be sent directly from the middle school to St. Catherine of Siena Academy.**

I \_\_\_\_\_ authorize the release of my daughter's:  
(Print Parent/Guardian Name)

1. CA60 Record
2. Transcript
3. Current classes and grades
4. Standardized test scores
5. Attendance and disciplinary records
6. Health records and immunization
7. Has your daughter received **Special Education Services?** NO

If **YES**, please forward all **Special Education** records. YES

*All information should be mailed directly to:*

Mrs. Hutham Tankersley  
St. Catherine of Siena Academy  
28200 Napier Rd.  
Wixom, MI 48393

**Please provide a copy of this form with the CA60**

### Student's Full Name:

\_\_\_\_\_

Last First Middle

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Month/Day/Year

Middle School: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature Date