

**Epiphany Catholic School**  
**5557 S. W. 84 Street**  
**Miami, FL 33143**  
**305 667-5251**

**Authorization to Release Academic Records and Standardized Test Scores**  
(Please complete one for each new student applicant)

Name of Student: \_\_\_\_\_

Student Address \_\_\_\_\_

Current Grade \_\_\_\_\_

School that student is presently attending:

\_\_\_\_\_

School Address:

\_\_\_\_\_

**Parent Waiver**

By signing below, I grant permission to Epiphany Catholic School to obtain my child's school records.

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

**Epiphany Catholic School needs the following UP TO DATE records as soon as possible:**

- \_\_\_ Report Cards
- \_\_\_ Standardized Test Results (FCAT)
- \_\_\_ Educational Evaluations

**Pre-School ONLY**

- \_\_\_ End of the Year Progress Report