



Clearwater Central Catholic High School

"Where Possibility and Opportunity Meet"



Release of Records Form for Transfer Applicants

(Please provide this form to your child's current school)

Name of Student: _____
Last First Middle

Date of Birth: _____

Name of Current School: _____

School Location: _____
City State Zip

I hereby authorize you to release to Clearwater Central Catholic High School the following academic records, information and recommendations for placement:

- Applicable Official High School Transcripts (9th, 10th, and 11th grade)
- Last High School Report if mid-year
- Most Recent Standardized Test Results
- Letter of Recommendation from School Administrator
- Other Information Deemed Appropriate

Parent Signature _____ Date _____

Records and Recommendations should be sent via email to:
Clearwater Central Catholic High School, Mary Pat Sharer, Assistant Director of Enrollment
msharer@ccchs.org • PH: 727-531-1449, ext. 343