



**St. John Vianney Catholic School**  
**Release of Records**

Attn: Registrar

The student named below has applied for admission to St. John Vianney Catholic School. In order to process his/her application, we will need his/her official school records. Please forward these records including the official transcript, the most recent year-end report card, standardized test results, medical or psychological information, ORIGINAL immunization and birth records, attendance information, and any other information helpful in placement of this student, at your earliest convenience to:

St. John Vianney Catholic School  
501 N. Water Ave.  
Gallatin, TN 37066  
ATTN: Admissions

Please Print Clearly:

**Student's Full Name** \_\_\_\_\_

**Student's Social Security Number:** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Current Grade** \_\_\_\_\_ **Age** \_\_\_\_\_

**Current School** \_\_\_\_\_

**Address of School** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

I grant permission for the release of the school transcript and all school records. I also certify that I am the parent/guardian of the above named child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Parents:** Please return this form to the SJV School office after completing the information and signing, along with the completed application for admission.