



HEALTHCARE EXPLORATION PROGRAM
Application
Deadline: Friday, February 9, 2018



Transcript Request Form

Please sign and give this form to your child's ***School Registrar***.

To the Parent/Guardian:

I, the parent/guardian of _____ request and authorize the release of my child's educational records to Human Resources, CHRISTUS St. Vincent.

Student _____

Grade _____ School _____

Parent/Guardian signature _____ Date _____

To the School's Registrar:

Please submit the following high school records:

Official transcript including current year and previous year's grades/courses taken and attendance/tardy records at www.stvinfoundation.com/registrar-submit-area.

Thank you