

REQUEST FOR STUDENT RECORDS

STUDENT INFORMATION

DATE OF REQUEST _____

STUDENT LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____ CURRENT GRADE _____

DATE OF BIRTH _____ PLACE OF BIRTH - CITY _____ STATE _____

CURRENT ADDRESS - STREET NUMBER AND NAME _____ CITY _____ STATE _____ ZIP _____

PARENT / GUARDIAN INFORMATION

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO STUDENT _____

CURRENT ADDRESS - STREET NUMBER AND NAME _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO STUDENT _____

CURRENT ADDRESS - STREET NUMBER AND NAME _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____

I/WE HEREBY REQUEST THAT CUMULATIVE ACADEMIC AND HEALTH RECORDS FOR THE STUDENT IDENTIFIED ABOVE BE PROVIDED TO THE SCHOOL IDENTIFIED BELOW. I CERTIFY THAT AS PARENT / LEGAL GUARDIAN OF THIS STUDENT, I HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THIS INFORMATION.

SIGNATURE

SIGNATURE

THE RECORDS REQUESTED INCLUDE THE FOLLOWING:

- CUMULATIVE RECORD OF GRADES AND ATTENDANCE
- STANDARDIZED TEST SCORES
- SPECIAL NEEDS EVALUATION, DIAGNOSTIC REPORT, AND CURRENT PRESCRIPTIVE ACCOMMODATIONS
- HEALTH RECORDS

RECORDS REQUESTED FROM

SCHOOL NAME _____ TELEPHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SEND RECORDS TO

SC **Most Sacred Heart Catholic School**
350 East 4th Street
ADI **Eureka, MO 63025**

636-938-4602

TELEPHONE

CITY _____ STATE _____ ZIP _____

NOTE: ONLY COPIES OF ORIGINAL RECORDS SENT BY MAIL FROM THE SCHOOL WILL BE ACCEPTED.