

St. Joseph School Request for Student Records

Student Last Name First Name MI Current Grade Date of Request

/ /
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 Number Cell Phone Number

I/we hereby request that 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, attendance, and standardized test scores
- Special needs evaluation, diagnostic report, and current prescriptions for adjustments
- Immunization record, vision and hearing screening, and special health care need information

Records Requested From:

School Name Telephone/Fax

Address City State Zip

Send records to: St. Joseph School, Attn: School Records. The school, following its established policy, may withhold the transfer of information if there is an unpaid tuition balance or other financial obligation.