



Request for Records

Date: _____

Student's Name: _____

Grade: _____ Date of Birth: _____

Previous School: _____

Previous School's Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____

According to the Education Amendments of 1974, school officials may receive student records without written consent for such release.

Please send us:

- | | |
|---|---|
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Cumulative Records | <input type="checkbox"/> Test Results |
| <input type="checkbox"/> Grade Transcripts & Interpretation | <input type="checkbox"/> Psychological Information & I.E.P. |
| <input type="checkbox"/> Discipline Records | |

Parent Signature: _____

School Official Signature: _____

- | |
|---|
| <input type="checkbox"/> First Request |
| <input type="checkbox"/> Second Request |

Mail/Fax Records to:

All Saints Catholic School
Attn: Melinda Reynolds
299 S. 9th St.
Broken Arrow, OK 74012
Phone (918) 251-3000
Fax (918) 258-9879