



REQUEST FOR RELEASE OF STUDENT RECORDS

Name of school (previously attended)

Address of School

City, State, Zip

Phone number / Fax number

Please send records on the following student's to Notre Dame Catholic School.

Student Name: _____ DOB: _____

Student Name: _____ DOB: _____

Student Name: _____ DOB: _____

Please provide the following information:

- | | |
|---------------------------------------|--|
| _____ Full Transcript/ Report Card | _____ Test Scores & Evaluations/Appraisals |
| _____ Health/Medical Records | _____ Birth Certificate |
| _____ Social Security Card | _____ Immunizations |
| _____ Special Program Information | _____ Home Language Survey |
| _____ Discipline / Behavioral Records | |

Thank you,

Michelle Coldwell
Administrative Assistant/School Registrar

Parent: Signature: _____

Date: _____