



# SAINT JAMES

CATHOLIC SCHOOL

## REQUEST FOR STUDENT RECORDS

Date: \_\_\_\_\_

To: \_\_\_\_\_ School

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(Address – please include City, State & Zip Code of last school attended)

The student named below has enrolled in *ST. JAMES CATHOLIC SCHOOL*. Please send all of his/her records, including medicals, to us at the address below.

NAME OF STUDENT: \_\_\_\_\_

ENTERING GRADE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

Parental permission is not required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673.)

**PLEASE BE SURE TO INCLUDE HEALTH & DISCIPLINARY RECORDS!**

THANK YOU