

Request for Records

For students entering grades 1 through 8

Saint Andrew Catholic School
51 Wrights Road
Newtown, PA 18940

Date of Request: _____

Student's Name: _____

Date of Birth: _____

Current Grade: _____

I, the undersigned, do hereby give permission for the release of the following records for my son/ daughter:

1. Copy of the permanent record card
2. Copies of all achievement and/ or standardized test records
3. Results of intelligence tests, psychological and/or psychiatric records
4. Health records
5. Any other educational information used for guidance of the pupil

Thank you for your assistance in this matter.

Signature of Parent or Guardian: _____

Date: _____

School transferring from:

Name: _____

Address: _____
