

REQUEST FOR STUDENT RECORDS

STUDENT INFORMATION

DATE OF REQUEST _____

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME/INITIAL	CURRENT GRADE
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_____/_____/_____	PLACE OF BIRTH – CITY	STATE
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CURRENT ADDRESS	CITY	STATE	ZIP CODE
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PARENT / GUARDIAN INFORMATION

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
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CURRENT ADDRESS	CITY	STATE	ZIP CODE
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HOME PHONE NUMBER	WORK PHONE NUMBER
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LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
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CURRENT ADDRESS	CITY	STATE	ZIP CODE
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HOME PHONE NUMBER	WORK PHONE NUMBER
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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
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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 THE SCHOOL, FOLLOWING ITS ESTABLISHED POLICY, MAY CHOOSE TO WITHHOLD THE TRANSFER OF INFORMATION IF THERE IS AN UNPAID TUITION BALANCE.

RECORDS REQUESTED FROM:

SCHOOL NAME	TELEPHONE
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ADDRESS	CITY	STATE	ZIP CODE
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SEND RECORDS TO:
ST. JOACHIM CATHOLIC SCHOOL
10121 CREST RD
OLD MINES, MISSOURI 63630

OR FAX TO: 573-438-3161

NOTE: ONLY COPIES OF ORIGINAL RECORDS SENT BY MAIL FROM THE SCHOOL WILL BE ACCEPTED.