



## Request for COPY of School Records

To the Administration of \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Please send COPIES of all school records:** including and especially:

- |  |  |
|--|--|
| <input type="checkbox"/> Special Ed. Records | <input type="checkbox"/> Transcripts               |
| <input type="checkbox"/> Evaluations         | <input type="checkbox"/> Standardized test results |
| <input type="checkbox"/> IEPs                | <input type="checkbox"/> Report cards              |
|  | <input type="checkbox"/> Health records            |

for the following student(s) currently enrolled in your school:

Name	Grade

**Records should be sent to:     Registrar**  
**Sacred Heart School**  
**289 Lafayette Road**  
**Hampton, NH 03842**

I/We give permission to release copies of the above records to Sacred Heart School.

Parent Name(s) Please Print: \_\_\_\_\_

Parent Signature(s): \_\_\_\_\_

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