



Transfer Request for ORIGINAL School Records

To the Administration of: _____

Address: _____

Contact Information: _____

The following student(s) has/have enrolled in Sacred Heart School for the upcoming school year:

Name	Last Grade Attended

Please send all **ORIGINAL** school records: including and especially:

- Special Ed. Records
- Evaluations
- IEPs
- Transcripts
- Standardized test results
- Report cards
- Health records

**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: _____