

EDUCATIONAL RECORD RELEASE FORM FOR TRANSFER STUDENTS

Please complete this form and submit it to the registrar of the school the applicant is currently attending.

STUDENT NAME: _____

As parent or legal guardian of the above-named student, I give my permission for _____
(Name of current school)
school to mail or fax a copy of the following records to the school's registrar listed below:

Official Transcript of Grades

Current Grade Report

Health/Immunization Records

Standardized Test Scores

State and Federal Constitution Test Results

Psychological/Educational Reports

I. E. P.

504 Plan

Rose Ruffatto, Registrar
Saint Viator High School
1213 East Oakton Street
Arlington Heights, IL 60004-5099

Signature

Relationship to student

Date

PLEASE NOTE: THIS IS NOT A REQUEST FOR THE STUDENT'S CUMULATIVE FILE AT THIS TIME