



Request for Student Records

Student Name:			
Birthdate		Grade	

Previous School Address:	

SUBJECT: SCHOOL RECORDS

The above named student has enrolled in our school. Please send his/her records, including psychological reports, health records, and such other information that would be helpful in planning his/her educational programs.

SEND TO: St. Katharine Drexel Catholic School
ATTN: Kathleen Young
1053 Holland Road
Holland, PA 18966

St. Katharine Drexel Catholic School Administrator

AUTHORIZATION TO RELEASE SCHOOL RECORDS

I have enrolled my child, _____ in St. Katharine Drexel Catholic School and hereby authorize you to release his or her school records.

Signature of Parent or Guardian

Date

This form must be completed and signed at the time of transfer or records will not be released until the start of the new school year.