



ST. FERDINAND CATHOLIC SCHOOL

Request for Transfer of School Records

I hereby authorize and request _____
(NAME OF SCHOOL TRANSFERRING FROM)

(ADDRESS) (CITY/STATE) (ZIP)

To forward all pertinent cumulative records, achievement test scores, psychological evaluations, special education reports, medical and health reports and any other permanent and temporary information which may be helpful for placement of the following student(s):

Student(s) Name:	Grade:
_____	_____
_____	_____
_____	_____
_____	_____

(SIGNATURE OF PARENT/GUARDIAN)

(ADDRESS)

(CITY/STATE/ZIP)

(PHONE NUMBER)