

TRANSFER OF RECORD FORM

Dear Parent,

In order to provide your child with more effective guidance, your permission is requested to obtain your child's records from:

Name of School:			
Address:			
City:	State:	Zip Code:	

We would like to request any information listed below which may be on file in your former school district. Please indicate by checking the appropriate box whether or not you wish to authorize release of such information.

St. Edith Catholic School located at 15089 Newburgh Road, Livonia, Michigan 48154, may have the following records pertaining to:

Nam	Name of Child:			Current Grade:		
Nam	e of	Ch	nild:	Current Grade:		
			Please put a check mark in the appropriate box Administrative data such as student's name, address, birthdate, grades, attendance, etc.			
()	())	Health, medical and immunization data			
()	())	Achievement, aptitude, intelligence and similar test scores			
()	())	Psychological information, family background, etc.			
()	())	District IEP records			
()	())	Teacher Comments			
Pare	nt/G	ua	ardian Signature:	Date: / / 20		
Addr	ess:		Pho	one:		
				Zip Code:		
Offic	e use	e c	only: Date Request Sent: / / 20			