



Queen of Peace Catholic Academy

Request for Student Records

Return this completed form with your application.



Please send us the records of:

_____	_____	_____
Student's Name	Date of Birth	Grade
_____	_____	_____
Student's Name	Date of Birth	Grade
_____	_____	_____
Student's Name	Date of Birth	Grade

School Transferring From:

Name of School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please send all records including the following:

1. Up-to-date transcript (including dates of entry, withdrawal, grading scale, all subjects and grades to date of withdrawal.)
2. Copies of all Standardized Test results
3. Any psychological/social work reports; special testing reports, special placement information, or other pertinent data.
4. Health records (including original physicals, immunization records, and birth certificate).
5. Court Related documentation (custodial decree, divorce decree, adoption decree)

PLEASE MAIL OR FAX ALL APPLICABLE INFORMATION

If the student left during a grading period, please indicate withdrawal grades earned for that period. Any further information you can give which can assist us in proper placement of the student will be appreciated. If records are not available, please advise accordingly. Thank you for your cooperation.

These records will be for the professional use of authorized Queen of Peace Catholic Academy personnel only. Please be advised that parental permission is no longer required when requested by authorized personnel. (Family Education Rights and Privacy Act, Final rule on Education Records, Federal Register, June 1976, Vol: 41, No. 118, Page 24273)

Parent/Guardian Signature: _____ **Date:** _____

Authorized Personnel Signature: _____

1st request Date: _____ **2nd request Date:** _____ **3rd request Date:** _____