



## Request for Student Records

Attention: \_\_\_\_\_  
School/Agency \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX Number: \_\_\_\_\_

PLEASE SEND RECORDS TO:  
**St. John the Apostle Catholic School**  
516 Fifth Street  
Oregon City, Oregon 97045

PLEASE RELEASE RECORDS FOR:

- Cumulative Records
- Standardized Test Results
- Immunization/Health Records
- Behavioral Records
- Other: Psychological evaluation, academic testing, and medical information.

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School representative requesting information: \_\_\_\_\_

Under Public Law 93-380, amended in Section 99.32, PL 93-568, no parent signature is required for educational records sent to another agency. May 1980