



Request for Student Records

Attention: _____
School/Agency _____
Street: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ FAX Number: _____
School Email Address: _____

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

PLEASE RELEASE RECORDS AND INFORMATION FOR:

- Birth Certificate
- 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