

*St. Rose of Lima Catholic School*

405 Black Street

Schulenburg, Texas 78956

979-743-4228 Fax 979-743-3080 Phone

## REQUEST OF RECORDS

Dear School Administrator,

(Student) \_\_\_\_\_ has enrolled into \_\_\_\_\_ grade

at St. Rose of Lime Catholic School on (date) \_\_\_\_\_, giving your school as the last one that he/she has attended. Please mail or fax us the following information regarding this student.

1. Birth Certificate from the Bureau of Vital Statistics
2. Social Security Card
3. Official transcript of all grades
4. Immunization details and hearing/vision screenings
5. Current athletic physical forms
6. Standardized test scores
7. Withdrawal grades
8. Any other pertinent information

### Parent/Guardian Release

I hereby give: Name of School \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Permission to release the above records of (student): \_\_\_\_\_

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

Mrs. Jeannie Mican  
Administrative Assistant