



ST. THERESA SCHOOL
Education In Catholic Faith

Request for Transfer of Records

I hereby give consent to: School _____
Address _____
City, State, Zip _____
Telephone () _____

To release the following information regarding:

_____	_____	_____
(Student's name)	(Birthdate)	(Current Grade)
_____	_____	_____
(Student's name)	(Birthdate)	(Current Grade)
_____	_____	_____
(Student's name)	(Birthdate)	(Current Grade)

To: **St. Theresa School**
445 N. Benton
Palatine, Illinois 60067

I request the following types of information to be released:

_____ Academic	_____ Special Education Placement
_____ Health	_____ Psychological Records pertaining to testing for special services

Parent (Guardian) signature

Please print name

Date