

Saint Theresa Catholic School

TO: Principal or Registrar at _____
Name of School

FROM: Principal

REF: Request for Student Records

Please forward the records of the following student(s) to
Saint Theresa School.
5001 East Thomas road
Phoenix, AZ 85018

<u>NAME OF STUDENT</u>	<u>DATE OF BIRTH</u>	<u>GRADE LEVEL</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

As evidenced by my signature below, I hereby authorize the release of any and all transcripts, grades, test records, health records, psychological and diagnostic evaluations of the student(s) listed above to the principal and school designated above.

Parent or Guardian Signature

Date