

REQUEST FOR STUDENT RECORDS

Date _____

To _____

School

Address

City

State

Zip

The following student(s) will be attending school at Sacred Heart School in Bellevue, WA.

Name Birth Date Grade

Name Birth Date Grade

Name Birth Date Grade

In compliance with the "Family Education Rights and Privacy Act of 1974", I respectfully request that you send all confidential and cumulative records to:

SACRED HEART SCHOOL
9450 NE 14th St.
Bellevue, WA 98004

Signature of Registrar

I hereby give my permission for the records of the above named student to be transmitted to Sacred Heart School, Bellevue, WA.

Signature of Parent or Guardian

Address

City

State

Zip