



Our Lady of the Angels School
404 Cherry Street, Columbia, PA 17512
717-684-2433 + Fax 717-684-5039
www.ourladyoftheangels.org

Request for Release of Student Records

Name of Student _____ Entering Grade _____

I give my permission for the release of educational records of this student
from

School Name _____

Address _____

Phone/Fax _____

(name & address of school where child is currently enrolled)

Signature of Parent _____ Date _____

Records requested include:

Academic

Special Education

Health/Dental

Student Assistance

Guidance

Discipline

Psychological

Any other available records pertaining to this student.

These records are being requested because this student has transferred to:

Our Lady of the Angels School

404 Cherry Street

Columbia, PA 17512

I understand this release is specifically for the records listed above and only to the recipient noted. I further understand I have the right to inspect and receive a copy of the said records via a conference.

Signature of Principal _____ Date _____

OFFICE USE ONLY

Health Records _____(date)

Academic _____(date)