



**DIOCESE OF MANCHESTER CATHOLIC SCHOOLS**  
**REQUEST for STUDENT ACADEMIC and HEALTH RECORDS**

Previous School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please forward all school and health records concerning the student listed below to:**

**(New) School Name:** \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

The student listed below has recently registered at \_\_\_\_\_.  
Pursuant to the Federal Register (June 17, 1976, Volume 41, Number 118, Page 24673 – Family Education Rights) we are requesting all records to date for this student.

\_\_\_\_\_

Print - First and Last Name of Student

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth

\_\_\_\_\_

Grade 2019-20

\_\_\_\_\_

Print - Name of Parent or Legal Guardian

\_\_\_\_\_

Signature of Parent or Legal Guardian

\_\_\_\_\_

Date