



Sacred Heart Catholic School

Gervais

Request for Student Records

Requesting Records From:

Please Send Records To:

School: _____

Sacred Heart Catholic School

Mailing Address: _____

P.O. Box 215

City, State, Zip: _____

Gervais, OR 97026

Request Date: _____

Re: Student _____

The above referenced student has enrolled in our school. Please forward to the above post office address the records listed below, to the extent that they exist.

- Permanent Record (cumulative to the present)
- Certificate of Immunization Status
- Health Record Folder
- The most recent IEP and Statement of Eligibility for Special Education
- Other special program records (TAG, school lunch, Title 1, etc.)

Please provide a list of the types and location of education records maintained for students in your school:

Name of the person responsible for student records: _____

Thank you.

Signature of Parent/Legal Guardian

Date