

# SAINT MATTHEW SCHOOL

3040 Cottman Avenue, Phila., PA 19149

Phone: 215-333-3142 Fax: 215-332-7242

## Transcript Release Form

Dear Parent/Guardian,

In accordance with the Family Educations Rights Act of 1974, it is necessary for your child's school to obtain consent in order to release his/her transcripts.

Please complete the following:

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present Grade: \_\_\_\_\_

Present School: \_\_\_\_\_

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

Present School Email Address: \_\_\_\_\_

Present School Phone Number: \_\_\_\_\_

Present School Fax Number: \_\_\_\_\_

To the Principal/Guidance Counselor:

Please forward the following information for the above-mentioned student to the school listed above:

- Transcript
- Health records, including immunization records
- Discipline and attendance records
- Psych-Educational testing results including Individualized Education Plan (IEP), if applicable
- Other reports of special services