

REQUEST FOR STUDENT RECORDS

****Only the School Office is permitted to request student transcripts.
Please sign and return this form to Archangel Gabriel Catholic School.
Effective July 1, 2019 Holy Trinity and St. Malachy Catholic Schools
Merged to form Archangel Gabriel Catholic School.**

I, _____, _____ of
(Name) (Relationship)

_____ hereby request that the
(Name of Student)

original immunization card and/or an official copy of the academic transcript of

_____ at _____
(Name of Student) (Name of School)

(Address of School)

(Phone Number of School)

Complete medical records and transcript to be sent
to:

Archangel Gabriel Catholic School
5720 Steubenville Pike
McKees Rocks, PA 15136-1311

(Parent/Guardian Signature)

(Date)

Thank you for your assistance.