



Holy Family School System Request for Student Records

In accordance with the Family Education Rights and Privacy Act Section 99.3(a) of Title 34 C.F.R. Student records may be exchanged between educational institutions without written consent from parents for such a release.

Previous School: _____ Address: _____

Phone: _____ Fax: _____ Date: _____

Student Name:	Date of Birth:	Grade:
----------------------	-----------------------	---------------

<input type="checkbox"/> Preliminary Record Request Student has <i>applied</i> to Holy Family <ul style="list-style-type: none"> ● Transcripts/Record of grades ● Attendance records ● Suspension/Expulsion History Records; discipline records ● Proof of age, medical data, health data ● Psychological, education, emotional assessments ● Date for any and all special services: Resource room, special education, speech, gifted, IEPs, 504s ● Title 1 Information, evaluation reports ● LEP (Limited English Proficiency at school/home) ● Other: 	<input type="checkbox"/> Cumulative Record Request Student has <i>enrolled</i> at Holy Family School System <ul style="list-style-type: none"> ● Transcripts/Record of grades ● Grades at time of withdrawal ● Suspension/Expulsion History Records; discipline records ● Attendance records ● Standardized test scores ● Proof of age, medical data, health and immunization records ● Psychological, educational, emotional assessments ● Date of any and all special services: Resource room, special education, speech, gifted, IEPs 504s ● Title 1 information, evaluation reports ● LEP (Limited English Proficiency at school/home) ● Record of co-curricular involvement
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please fax or mail to:

Holy Family School System
 St. Jude Elementary
 3700 1st Ave NW
 Cedar Rapids, IA 52405
 319-396-7818
 Fax 319-390-0952

Holy Family School System
 LaSalle Middle School
 3700 1st Ave NW
 Cedar Rapids, IA 52405
 319-396-7792
 Fax 319-390-6527