



1306 27th Street
Columbus, Indiana 47201

**REQUEST FOR RELEASE OF CUMULATIVE-PERMANENT SCHOOL RECORDS
FROM ANOTHER SCHOOL CORPORATION**

_____ Date

Principal

Name of School

School Address

City

State

Zip

Dear Principal:

The _____ family has enrolled:

Name of Student

Grade in School

Name of Student

Grade in School

Name of Student

Grade in School

at St. Bartholomew Catholic School.

We hereby request that the above named student's Cumulative-Permanent School Record Academic, ESL, and Health, be forwarded to us at the above address.

Sincerely,

(Principal or Designee)

I consent to the transfer of the records of the above named students: _____
(Parent/Guardian Name)