



Holy Family Catholic School



REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

In compliance with the Family Educational Rights and Privacy Act (FERPA), it is mandatory that written consent from the student's parents be obtained in order to release school records.

School: _____

Address: _____

City, State & Zip code: _____

This is to certify that I have given permission to release the records of

(Student's Name)

To:

Holy Family Catholic School
3005 W. Kathleen Avenue
Coeur d'Alene, ID 83815

Please include the following:

1. Dates of entrance and withdraw
2. Grades earned
3. Health & Immunization records
4. Standardized test results
5. ISAT/SBAC student ID # _____
6. Copy of Individual Education Plan (IEP)
7. Any other pertinent information that will aid in evaluating the student's progress

Parent/Guardian Signature

Date