

Request for the Release of School Records

Date of Request:		
Name of Previous School or Institution:		
City:	State:	Zip:
Phone:	Fax:	
Student's Information		
Legal Name:		
First	Last	Middle
Birthdate:	Grade Level:	
Last Date of Attendance:		
Signature of Parent/ Guardian:		

This record request is just to review this student(s) records. Kindly do not dis-enroll this child. Thank you.

Please mail or fax all academic records, health records and any other pertinent educational records to:

St. Clare of Assisi Catholic School 31622 Highway 6 Edwards, Colorado 81632 P (970) 926-8980 Ext. 1 F (970) 926-8973