



REQUEST FOR SCHOOL RECORDS

TO: _____

STUDENT'S NAME _____ **DATE OF BIRTH** _____

The above named student is currently enrolled in The St. Anthony School. Please send this student's educational records, including:

- ___ cumulative records
- ___ transcripts
- ___ standardized testing
- ___ psychological testing
- ___ health information (immunizations)
- ___ IEP
- ___ date of withdrawal

Please send the above information to The St. Anthony School. I waive my rights to review these records before they are forwarded to this school.

Please send the above information to:

The St. Anthony School
2030 Denton Drive
Carrollton, Texas 75006

Parent/Guardian _____ Administrator _____