



Request for Educational Records

Date: _____

Student Name: _____ Grade: _____ Birthdate: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Email of school _____

To facilitate educational planning and instruction, please forward as promptly as possible all educational records including the following:

- A complete transcript of grades and attendance
- Results of individual, group and standardized testing
- Special education records: individualized evaluations, psychological records, and other records pertaining to evaluation and placement
- Health and Immunization records
- Other evaluation records

*If special education/psychological records are kept in a separate file, please forward this to your special education department.

If the student withdraws before the end of the semester, please include grades earned to the date of withdrawal. A statement of your grading system would be appreciated.

Parent Signature

Parent Phone

Parent email

Please mail, fax, or email records as soon as possible.

Saint John XXIII Catholic School
16235 North 60th Street
Scottsdale, AZ 85254
Phone: 480-905-0939 Fax: 480-905-0955
bbrillas@saintjohnxxiii.org