



REQUEST FOR EDUCATIONAL RECORDS

THIS IS A REQUEST TO RECEIVE COPIES OF THE EDUCATIONAL RECORDS FOR :

Name of Student

Grade

Birthdate

TO: _____

Name of School

DATE: _____

School Address

School Phone#:

School Fax#:

School Email:

FROM: **ATTN: Leticia Albright**
Saint John XXIII Catholic School
16235 N. 60th Street
Scottsdale, AZ 85254 Phone: (480) 905-0939
Fax: (480) 905-0955
Email: lalbright@saintjohnxxiii.org

To facilitate the educational planning and instruction for the above named student, please fax or email to Saint John XXIII, at your earliest convenience, the following records:

1. A complete transcript of grades and attendance*
2. Results of individual, group, and standardized testing.
3. Special education records, including: individualized evaluations, psychological records, 504 plans, IEPs, accommodations/modifications, documentation of any diagnosis, and other records pertaining to evaluation and placement.**
4. Health and Immunization records.
5. Any other evaluation records.

Please note that a follow up call may be deemed necessary to elaborate more on any documents received. Thank you for your assistance.

*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.

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

Parent Signature

Parent Phone#

Parent Email