



# Sacred Heart Catholic School

21801 Johnson Drive  
Shawnee, Kansas 66218  
(913) 422-5520 Fax (913) 745-0290

REQUEST FOR TRANSCRIPT AND RECORDS

TO: \_\_\_\_\_

Dear Registrar:

The following pupil(s) has/have registered at our school:

<u>NAME</u>	<u>BIRTHDATE</u>	<u>GRADE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission is hereby granted to forward the following records:

- School Cumulative Records
- Confidential
- Psychological
- Other \_\_\_\_\_
- Transcript of grades
- Special Education
- Health

I authorize the release of records indicated above

\_\_\_\_\_  
Parent/Guardian/Eligible Student

\_\_\_\_\_  
Date