



Saint James School
114 North Miles St./200 North Miles St.
Elizabethtown, KY 42701

REQUEST AND RELEASE FORM FOR RECORDS

Request for records of students transferring from another school

_____ Date

Dear Principal:

Please send copies of the school records and health data for the following student/s who entered our school on _____. Written permission to release these records has been given, as indicated below.

Name of Student	_____	DOB	_____	Grade	_____
	_____	DOB	_____	Grade	_____
	_____	DOB	_____	Grade	_____
	_____	DOB	_____	Grade	_____

Signed _____
Principal

School _____
Receiving School

Permission for release of records

_____ has my permission to release the records of my child/children named
Name of School

above to _____

_____ Date

_____ Signature of Parent/Guardian