

## REQUEST FOR STUDENT RECORDS

To assist in the provision of an appropriate educational program, and in accordance with the Family Educational Rights and Privacy Act of 1974 and Arizona State law, you are hereby notified that Our Lady of Mount Carmel School is requesting the following records from the student's former school.

Transcript of Grades  
Health and Immunizations Records  
Achievement Test Scores

Psychological Evaluation Records  
Special Education Records (including Speech and Gifted)  
Attendance Record

For:

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Send all school records to:

Our Lady of Mount Carmel School  
2117 S. Rural Rd.  
Tempe, AZ 85282  
(480)967-5567; Fax (480)967-6038

### PLEASE PROVIDE THE FOLLOWING INFORMATION

Previous School Name \_\_\_\_\_

School Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

School Phone & Fax \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_