



REQUEST FOR STUDENT RECORDS

I, _____, _____ of
(Name) (Relationship)

_____ hereby request that the
(Name of Student)

original immunization card and/or an official copy of the academic transcript of

_____ at _____
(Name of Student) (Name of School)

(Address of School)

(Phone Number of School)

Complete medical records and transcript to be sent to:

Holy Trinity School
5720 Steubenville Pike
McKees Rocks, PA 15136-1311

(Parent/Guardian Signature)

(Date)

Thank you for your assistance.