



# *Holy Trinity Catholic School*

WHERE FAITH, EDUCATION, AND VALUES UNITE

**\*\*Only the School Office is permitted to request student transcripts.  
Please sign and return this form to Holy Trinity School.\*\***

## *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.