

DIOCESE OF FRESNO REQUEST FOR STUDENT RECORDS

Date of Request: _____

Dear Principal,

Please forward the cumulative record and health/immunization records for the student named below. Thank you for your immediate cooperation.

Mrs. Deborah Nettell
Principal
Our Lady of Victory Catholic School

Student's Last Name First Name

Date of Birth Grade

Present Home Address


Father's Name

City State Zip

Mother's Maiden Name

AUTHORIZATION: I authorize the transfer of my child's cumulative record and health/immunization records:

From: _____
Previous School Address City State Zip

To:  Our Lady of Victory Catholic School • 1626 W. Princeton Ave. Fresno CA 93705
(559) 229-0205 phone • (559) 229-3230 fax • olvoffice@fresnoolv.org

I have been informed that I have the right to inspect these records, to have a copy of these records (for the cost of copying), and to challenge the contents of these records.

Date

Signature of Parent/Guardian