



Saint John Paul II Regional Catholic School

87 South Main Street
Middletown, CT 06457
860.347.2978 Fax:860.347.7267

Request for Records

Student's information: ..

Name: _____ DOB: _____ Entering Grade: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

School transferring from: _____

City: _____ St. _____ Zip code: _____

Phone number: _____ Fax: _____

The above student is now enrolled in our school. Please send the student's educational and health records, results of standardized testing, scholastic grades attendance records, discipline records and any other appropriate data.

Please include psychological, psychiatric records, I.E.P. or other records relative to special education classification, if possible.

Return to: Saint John Paul II Regional Catholic School

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I approve of this request. You are advised that in dealing with these records, they will not be disclosed to any other party without written consent of the parent or guardian of the student.

Signature of parent/guardian: _____ Date: _____