



REQUEST FOR RECORDS

PLEASE PRINT

PLEASE SEND ST. JOHN'S PARISH DAY SCHOOL RECORDS FOR THE FIRST MARKING PERIOD FOR THE CURRENT SCHOOL YEAR.

TO THE PARENT: PLEASE SUBMIT THIS FORM DIRECTLY TO STUDENT'S CURRENT SCHOOL AFTER THE FIRST MARKING PERIOD.

I/WE _____ HEREBY
(NAME OF PARENT OR GUARDIAN)

AUTHORIZE _____ TO RELEASE THE RECORDS OF
(CURRENT SCHOOL)

(NAME OF STUDENT)

**TO: St. John's Parish Day School
9130 Frederick Road
Ellicott City, MD 21042**

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)

TO THE SCHOOL: THIS PACKAGE SHOULD INCLUDE:

- **GRADES AND COMMENTS FOR FIRST AND SECOND MARKING PERIODS OF THE CURRENT ACADEMIC YEAR**
- **CUMULATIVE RECORD**
- **STANDARDIZED TEST RESULTS**