

# REQUEST FOR RECORDS

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**Student's Name**

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**Date of Birth**

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**Current Grade**

**I give my permission for:**

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(Name of Previous School)

**...to forward records of the above named student to:**

***Holy Cross Catholic School  
5202 N. Bowdoin  
Portland, OR 97203***

**Please forward all education records, including**

- Academic Records, Progress Reports, Report Cards, Test Results
- Health Records
- Behavioral Records, Psychological Records
- Special Education Records

*I understand that I have the right to receive and review a copy of the records.*

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**Signature of Parent/Guardian**

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**Date**