



Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request and authorize the transfer of school achievement, cognitive testing, attendance, and health records for the following student:

\_\_\_\_\_

who has been enrolled for Grade \_\_\_\_\_ at Annunciation Catholic School. Please send records to the attention of Mrs. June Pietras, Principal.

\_\_\_\_\_  
Parent/Guardian Signature

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