



ST. THERESA SCHOOL
Achieving Excellence in Faith, Academics and Service

REQUEST FOR TRANSFER OF RECORDS

(One form per student)

I hereby give consent to:

School: _____

Address (City, State, Zip): _____

Phone: _____

To release the following information regarding:

Student's name: _____

Student's birthdate: _____ Current Grade: _____

To: St. Theresa School
Attention: Admissions Office
445 N. Benton St.
Palatine, IL 60067

I request the following types of information to be released:
(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Academic records (report cards) | <input type="checkbox"/> Advanced Placement (grades 4-8) |
| <input type="checkbox"/> Medical records | <input type="checkbox"/> Psychological Records (accommodations) |
| <input type="checkbox"/> Standardized Test Scores | |

Parent (Guardian) signature

Print Name

Date