



Request for Student Records

Immaculate Conception School
2089 Hanley Road
Dardenne Prairie, MO 63368
P 636.561.4450 | F 636.625.9020 | www.icdschool.org

Date of Request _____

STUDENT INFORMATION:

Student Last Name _____ First Name _____ M.I. _____ Grade _____

Student Date of Birth ____/____/____ Place of Birth (City, State) _____

Student's Current Address _____

City _____ State _____ Zip _____

PARENT/LEGAL GUARDIAN INFORMATION:

(Parent/Guardian 1) Last Name _____ First Name _____

Relationship to Student _____ Phone 1 _____ Phone 2 _____

Current Address _____

City _____ State _____ Zip _____

(Parent/Guardian 2) Last Name _____ First Name _____

Relationship to Student _____ Phone 1 _____ Phone 2 _____

Current Address _____

City _____ State _____ Zip _____

I/we hereby request that records for the student identified above be provided to the school identified below. I certify that as a parent/legal guardian and/or student, I have the legal right to authorize the release of this information. A person who is 18 years old or older and no longer attending the school has the sole right to authorize release of records.

SIGNATURE

SIGNATURE

THE RECORDS REQUESTED INCLUDE THE FOLLOWING:

- Cumulative record of grades, attendance, and standardized test scores
- Special needs evaluation, diagnosis report, and current prescriptions for adjustments
- Immunization record, vision and hearing screening, and special health care need information

RECORDS REQUESTED FROM:

School Name _____ School Telephone _____

School Address _____ City _____ State _____ Zip _____

FORWARD REQUESTED RECORDS TO:

IMMACULATE CONCEPTION DARDENNE CATHOLIC SCHOOL
2089 HANLEY RD, DARDENNE PRAIRIE, MO 63368 | FAX (636)625-9020 | EMAIL JORIE.OTOOLE@ICDSCHOOL.ORG

The school, following its established policy, may withhold the transfer of information if there is an unpaid tuition balance or other financial obligation.