



SAINT LOUISE PARISH SCHOOL

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Date _____

Parent/Guardian Signature _____

Address _____

First and Last Name of Student(s)	Birthdate(s)	Current Grade(s)
_____	/ /	
_____	/ /	
_____	/ /	

Current School _____

Address _____

City, State, Zip _____

Dear School,

Please send scholastic and health records at your earliest convenience to:

St. Louise Parish School

133 - 156th Ave. SE

Bellevue, WA 98007

Thank you very much.

Sincerely,

**Lola Bazan
School Secretary
425-746-4220**