

*** PLEASE PRINT ALL INFORMATION LEGIBLY ***



2011-12

REQUEST FOR ACADEMIC RECORDS

27 N. Lavergne Ave. | Northlake, Illinois 60164 | P: 708-562-1466 | F: 708-562-0142 | info@sjvsonline.org

Today's Date: _____ / _____ / _____

Student's Full Name _____ Birth Date _____

Student's Address _____ City _____ State _____ Zip _____

School Leaving _____ Grade Level _____

Departing School Address _____ City _____ State _____ Zip _____

School Entering _____ Grade Level _____

Entering School Address _____ City _____ State _____ Zip _____

I HEREBY AUTHORIZE ST. JOHN VIANNEY SCHOOL TO OBTAIN PERMANENT AND TEMPORARY RECORDS CONCERNING THE ABOVE-NAMED STUDENT:

Parent/Guardian _____ Signature _____ Date _____

PLEASE FORWARD ALL ACADEMIC, HEALTH AND PSYCHOLOGICAL TESTING REPORTS REGARDING THE ABOVE-NAMED STUDENT TO:

St. John Vianney School
ATTN: Principal
27 N. Lavergne Ave.
Northlake, Illinois 60164

Sincerely,

Principal, St. John Vianney School