



Convent of the *Visitation School*

Official Records Transfer Request Form Previous School Information

School Name _____

Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Student Information

Student's Full Name _____

Date of Birth _____ Grade _____ School Year _____

Student's Full Name _____

Date of Birth _____ Grade _____ School Year _____

Student's Full Name _____

Date of Birth _____ Grade _____ School Year _____

Parent/Guardian Name: _____

Address _____

Information Requested

Please forward copies of the following records for the named student(s) to the following address:

- Transcript of all grades (Attendance record, courses taken, grades obtained, over-all grade point average, and standardized test scores)
- Grades at time of withdrawal
- Special education records, including IEP and most recent assessment data
- Discipline records
- Other (please be specific) _____

Please send the above requested material to:

School Name _____

Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Office Use Only: Date Sent _____ Date Received _____ Initials _____