



Saint Ann School
446 West Church Avenue
Ridgecrest, California 93555
TEL (760) 375-4713
www.school.parishofsaintann.org

DIOCESE OF FRESNO
REQUEST FOR STUDENT RECORDS

Date of Request: _____

Please forward the cumulative records and health immunization records for the student named below. Thank you for your immediate cooperation.

For Enrollment:	Immediately	Next School Year
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Student's <u>Last</u> Name	<u>First</u> Name	Father's Name: _____	
Date of Birth: _____		Mother's Name: _____	
Current Grade: _____			
_____	_____	_____	_____
Present Home Address	City	State	Zip

AUTHORIZATION: I authorize the transfer of my child's cumulative record and health/immunization records:					
From: _____	_____	_____	_____	_____	_____
Previous School	Address	City	State	Zip	
To: <u>Saint Ann School</u>	<u>446 W Church Ave</u>	<u>Ridgecrest</u>	<u>CA</u>	<u>93555</u>	
New School	Address	City	State	Zip	

I have been informed that I have the right to inspect these records, to have a copy of these records (for the cost of copying), and to challenge the contents of these records.

_____ Date

_____ Signature of Parent/Guardian