

# Request for Student Information

TO: \_\_\_\_\_  
Name of school

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Fax

**FROM: CAROLE FORAN, Interim Principal  
Blessed Sacrament Catholic School  
1003 East Victory Drive  
Savannah, GA 31405-2499  
912-356-6987 (p) 912-356-6988 (f)**

**Please forward the permanent records of the following students(s):  
\* Please include all standardized tests and report cards**

<b>NAME</b>	<b>DOB</b>	<b>Grade to Enter</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include all academic, attendance, discipline, testing (achievement / standardized, etc.), health, special services or modifications (RTI / SST / other) psychological testing and any other pertinent information.

I hereby authorize the above named school to release all records and other pertinent information regarding my child to Blessed Sacrament Catholic School.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date