

**St. Barbara School  
2809 Lincoln Way NW  
Massillon OH 44647  
330-833-9510  
Fax 330-833-3297**

**REQUEST FOR STUDENT RECORDS**

Mail to:

Date Mailed: \_\_\_\_\_

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address

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

\*Please send THE FOLLOWING RECORDS for the student(s) listed below:

\_\_\_\_\_ All available school records

\_\_\_\_\_ Grades

\_\_\_\_\_ Attendance

\_\_\_\_\_ Health & immunization records

\_\_\_\_\_ Copy of birth certificate

\_\_\_\_\_ Legal custody documentation

\_\_\_\_\_ Standardized achievement testing results

\_\_\_\_\_ Psychological reports

\_\_\_\_\_ Current I.E.P.

\_\_\_\_\_ Speech testing results

\_\_\_\_\_ Social security number

\*Present schools may be contacted to obtain any pertinent information regarding any academic, social or behavioral difficulties.

_____	_____	_____
Student	Grade	Birthdate
_____	_____	_____
Student	Grade	Birthdate

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 Note: It is not necessary for parents to sign a release when records are being passed from school to school. see Federal Register June 17, 1976 Part II H. E. W. Privacy Rights to Parents & Students. Vol. 41.  
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Parent's Signature \_\_\_\_\_