



\_\_\_\_\_  
Date

Sending School:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

### REQUEST FOR RECORDS

Because federal law requires that written permission of the parent or guardian be obtained for the transfer of academic, health, disciplinary, and all other records held by the previous school of attendance, the request for the transfer of all such records to Pope Francis Global Academy is stated below.

I \_\_\_\_\_ (Parent name) hereby authorize \_\_\_\_\_  
(School name) to transfer copies of all student records, as well as any special education information pertaining to  
\_\_\_\_\_ (Student's name) to Pope Francis Global Academy.

Please send all records to:

Pope Francis Global Academy  
6143 West Irving Park  
Chicago, IL 60634  
773-736-8806

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date