



Transcript Request Form

For transferring Grade K-8 students only.

To: (Name of Former School) _____

Address: _____

City, State, Zip _____

Telephone Number: _____

The following student(s) have enrolled at St. Joseph Catholic School. Please forward all academic records—including health and special services files—to:

St. Joseph Catholic School
105 North Willie Avenue
Salisbury, Missouri 65281
Telephone: 660-388-5518
Fax: 660-388-5518

Student Name	Grade

Federal Law requires that written permission of the parent or guardian be obtained for the transfer of such records. Please sign below to indicate your permission for us to obtain the requested records.

Parent/Guardian Signature _____

Address: _____

City, State, Zip _____

Telephone Number _____