



# Our Lady of Fatima School

1625 Center Avenue  
Los Banos, CA 93635  
(209)826-2709 fax (209)826-7320

## REQUEST FOR STUDENT RECORDS

Date of Request: \_\_\_\_\_

Dear Principal,

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

\_\_\_\_\_  
Principal of New School

\_\_\_\_\_  
Student's Last Name      First Name

\_\_\_\_\_  
Date of Birth      Grade

\_\_\_\_\_  
Present Home Address

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
City      State      Zip

\_\_\_\_\_  
Mother's Maiden Name

**AUTHORIZATION:** I authorize the transfer of my child's cumulative records and health/immunization records:

From: \_\_\_\_\_  
Previous School      Address      City      State      Zip

To: Our Lady of Fatima School      1625 Center Ave.      Los Banos,      CA      93635  
New School      Address      City      State      Zip

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

\_\_\_\_\_  
Date

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