



St. Vincent's Academy

207 East Liberty Street
Savannah, GA 31401

REQUEST FOR RECORDS

DATE: _____

APPLICANT NAME: _____

NAME OF CURRENT SCHOOL: _____

FAX NUMBER _____ PHONE NUMBER _____

ADDRESS OF SCHOOL: _____
(Street) (City) (State, Zip)

CURRENT GRADE: _____ DATE OF BIRTH: _____

LAST DATE ATTENDED YOUR SCHOOL: _____

Please send a complete and official copy of the records below:

- | | |
|-----------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Complete Transcript | <input type="checkbox"/> All Standardized Test Scores |
| <input type="checkbox"/> Immunization Form | <input type="checkbox"/> Special Education Record |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Discipline Record |
| <input type="checkbox"/> Birth Certificate | |



Principal's Signature

Parent's Signature (Authorization to send records)

Date

Note: "It is not necessary to have written consent of parents to release records to officials of other schools or school systems in which the student seeks or intends to enroll." Privacy Rights of Parents and Students Act. Page 1213, subpart D 99 30 (b)