



Mater Dei Academy

A Christ-Centered Education in the Catholic Tradition

JMJ

REQUEST FOR STUDENT RECORDS

Name and address of school to release information.

School Name _____

Address _____

City/ State/ Zip _____

Telephone number _____

To Whom It May Concern:

_____ has enrolled in our school.
Student's name *Current Grade*

Please send a complete transcript of grades, standardized test scores and health records to:

Mater Dei Academy
3695 Elm St.
Columbus, OH 43213

Thank you for your prompt reply.

God Bless You,

Mrs. Colleen Moss
Principal

I give my permission for the necessary records of _____
Student's Name
to be sent to Mater Dei Academy.

Signature of Parent/Guardian