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## REQUEST FOR RECORDS

Date \_\_\_\_\_

This is to notify you that the following student(s) have enrolled at Pope John Paul II Catholic School. Please forward all academic, attendance, and health records.

Student Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Note: According to the Final Regulations-Family Educational Rights and Privacy Act

(Buckley Amendment) dated June 17, 1976; **it is no longer necessary to obtain written consent to release records between schools.** It states that school officials, including teachers within the educational institution and officials of other school systems in which the student may intend to enroll, may receive a student's records **without** a written consent for such release.

If applicable, send any information regarding:

Special Education Placement

Speech and Language Services

Psychological Test Results