



## REQUEST FOR FINAL RECORDS

Please complete the form below and forward it to your daughter's current school to authorize release of records to Villa Joseph Marie High School.

Date _____	
Student Name _____	Current Grade _____
Address _____	
City, State, Zip Code _____	
Telephone _____	Date of Birth _____

I hereby authorize \_\_\_\_\_  
*Name of school your daughter is currently attending*  
to release all academic and health records to Villa Joseph Marie High School.

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

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### CURRENT SCHOOL

Please forward all academic records, including final report card, and all health records to:

Tina Schuster  
Villa Joseph Marie High School  
1180 Holland Road  
Holland, PA 18966