



**REQUEST FOR SCHOOL RECORDS FOR STUDENTS  
ENTERING 2<sup>ND</sup>, 3<sup>RD</sup>, OR 4<sup>TH</sup> GRADES**

***PARENTS: Please sign and give this form to the school your child  
attended in the 2019-20 school year.***

STUDENT NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_

CURRENT SCHOOL \_\_\_\_\_

I give my consent to release the following information (**if available**) to  
St. Paul's School.

- 1) Final Academic records
- 2) Medical records
- 3) Psychological records

Signature \_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_

**Attention: Registrar of current school:**

The student named above has enrolled in St. Paul's School for the  
2020-2021 school year. Please send pertinent material after the final report  
card has been issued, which may assist us in guidance and proper placement  
of this student to:

Joni Gahm  
St. Paul's Lower School  
P.O. Box 8100  
Brooklandville, MD 21022-8100