

**SAINT JOSEPH SCHOOL
25 SQUIRE STREET
NEW LONDON, CONNECTICUT 06320**

RECORD REQUEST FORM

Name of student _____ Grade _____

To: Principal _____

School _____

Address _____

Town, State, Zip _____

_____ Educational-achievement grades and test results

_____ Health records

_____ Psychological evaluations

_____ Other (Please indicate)

Reason for requesting records: _____

Signature of Parent/Guardian _____

Relationship to student _____