

"Of all the holy works the education of children is the most holy." - St. Theophan

Date: \_\_\_\_\_

TO: Registrar, Previous School:

ADDRESS:

FROM: Saint Lawrence Academy

REGARDING: Request For Student Records

Please forward the complete cumulative folder, including the official copy of his/her transcript, competency records, medical records, special ed. records, and all other related materials regarding the following student(s) to the address below:

Student	Grade	Date of Birth

Thank you for your assistance in this matter,

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	IFCTE	
RLW		D BY∷

(Parent/Guardian Signature)

REGISTRAR: \_\_\_\_\_

6184 Highway 9, Felton, CA 95018 (831) 335-0328 – Fax (831) 335-0353