RESURRECTION
CATHOLIC SCHOOL

Permission for Transfer of Records

To Whom It May Concern:

Please send the cumulative record file (including, but not limited to, grades, standardized test results, health records, and child study reports) for the following student(s) who have enrolled in Resurrection Catholic School, Cherry Hill, NJ:

_____

_____

_____

Thank you,

John W. Keeley

Mr. John Keeley
Principal, Resurrection Catholic School

I give permission for my child(ren)'s records to be released to the Principal of Resurrection Catholic School, Cherry Hill, NJ.

Parent's Name: _____

Parent's Signature: _____

Transferring From (Name of School): _____

Address of School: _____

_____

Phone Number of School: _____
