



13900 Biscayne Avenue West

Rosemount, Minnesota

55068

(651) 423-1658

St. Joseph Catholic School

REQUEST FOR TRANSFER OF STUDENT RECORDS

Name of student: _____ Grade: _____

Former School: _____

Address: _____

City State Zip

Phone Number _____

This student has been registered for the _____ - _____ school year at:

St. Joseph Catholic School
13900 Biscayne Avenue West
Rosemount, MN 55068
(651) 423-1658
(651) 888-5685 fax
school@stjosephcommunity.org

Please forward to St. Joseph School:

- Cumulative records
- Health and dental records
- Academic/psychological assessments/testing
- Other pertinent information

I do hereby request and authorize the release of cumulative records, health records, psychological tests, and other pertinent information for the above named student to St. Joseph School.

Parent/Guardian Signature

Date