



ST. ANDREW SCHOOL

TRAINING THE HEART AND MIND



REQUEST FOR RECORDS

Requested from:

School _____

Address _____

City, State ZIP _____

Student Name: _____ Grade: _____ Birthdate: _____

Student Name: _____ Grade: _____ Birthdate: _____

Student Name: _____ Grade: _____ Birthdate: _____

The above listed student(s) has enrolled at St. Andrew School. Please release all of the following records you have on this student(s).

_____ Cumulative File

_____ Student Health Records

_____ Psychological Records

_____ Resource Room Records

_____ Gifted and Talented Program

_____ Permission to speak with previous administrators/teachers

Send all records to:

St. Andrew School
1900 Flowerree Street
Helena, MT 59601
Phone: (406)449-3201
Fax: (406)449-0129

Date: _____

Signature of Parent/Guardian

Signature of School Official