

ST. JOHN LUTHERAN SCHOOL  
6630 Southeastern Avenue  
Indianapolis, IN 46203  
(317) 352-9196  
FAX (317) 352-9740

**REQUEST FOR SCHOOL RECORDS**

Name, address, & phone number of school last attended:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

To Whom It May Concern:

Please forward to us all test scores, psychological evaluations, health records, as well as regular school records of the following student(s) who recently attended your school.

NAME: \_\_\_\_\_ GRADE \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendments) dated June 17, 1976, states that it is no longer necessary to obtain written parental consent to release records between schools. The Act states that school officials, including teachers within an educational institution and officials of other school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release.

Please send student records directly to me at the above address.

Thank you for your prompt assistance.

Sincerely,

Rick Kerr  
Principal