



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
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www.saintmichaelsc.com

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## Request for Records

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

Re: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Student(s)

The above named student(s) has/have enrolled in our school. Please forward his/her records, including health records, social security number, birth certificate, immunization records, IEPs, psychological test results, standardized test results, 504 plans, special education placement papers, and any other pertinent information to us as soon as possible.

Sincerely,

*Mr. Lionel J. Martin*

Mr. Lionel J. Martin, Interim Principal

To: \_\_\_\_\_ (name of school child is transferring from)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby authorize the above named school to forward the records requested.

Signature of Parent/Guardian: \_\_\_\_\_