

REQUEST FOR STUDENT RECORDS

The following student	has applied for admission to
copy of his/her file, including but not limite services records. Also include marks interpretable to the copy of his/her file, including but not limite services records.	ear. In order to review his/her application fully we request a ed to, academic, discipline, health, legal, test, and special pretation and any other information that may be helpful to ng the student's most recent teacher complete the narrative
Please send copies of this information to: Angelus Academy 6601 Springfield Center Drive Springfield, VA 22150	
Please call the school office (703-924-3996) if you have any questions. Thank You.
Parent/Guardian or School Official Signature Date	
Teacher's Comments about the student	

Parental permission is not required when records are requested by authorized school personnel. Information from these records is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or guardian.