

## Request for Records

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Grade: \_\_\_\_\_

### PARENT/GUARDIAN CONSENT

I give my consent for \_\_\_\_\_  
to forward the following requested documents and/or information to Cristo Rey Newark  
High School.

Official Transcripts

Standardized Test Scores

IEP/ISP

Other: \_\_\_\_\_

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

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

**Office Use Only**

Received by: \_\_\_\_\_

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