



St. John Lutheran School
6950 Ward Road
North Tonawanda, NY 14120
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office@stjohnnt.com

REQUEST FOR TRANSCRIPT OF RECORDS

DATE: _____

To: The Principal (school last attended)

_____ School
_____ (address)
_____ (city, state, zip)

The following student(s) who formerly attended your school registered at our school on:

_____ (date)

Name of Student(s):

Grade: (in 19-20 school year)

_____	_____
_____	_____
_____	_____

Please forward attendance records, health records, scholastic records, psychological reports and other information you may consider relevant.

Thank you,

Mrs. Katie Gundell
Principal

PERMISSION TO RELEASE INFORMATION:

Signature of Parent or Guardian: _____

Date: _____