



St. John  
Paul II School

## Request for Transfer of Records

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

To: \_\_\_\_\_  
(Name of school)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(Town) (State) (Zip)

I hereby authorize the above named school to release the following records: ✓ Complete Transcript  
of my child \_\_\_\_\_, to ✓ Special Education Records  
✓ Standardized Test Scores  
✓ Attendance Record  
✓ Health Record  
✓ Psychological Reports

St. John Paul II School  
High School Division  
120 High School Rd  
Hyannis, MA 02601

\_\_\_\_\_  
(parent/guardian signature)

Please do not send final transcripts and records until the end of the academic year, unless  
student is withdrawing during the school year.