



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 entire educational and health records of my child _____, to

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

(parent/guardian signature)