



ST. THOMAS THE APOSTLE CATHOLIC SCHOOL

Nascantur in Admirazione
"Let Them Be Born in Wonder."

CONSENT OF TRANSFER OF STUDENT RECORDS

Name of Student(s)

_____ Last	_____ First	_____ Middle	_____ Date of Birth	_____ Grade
_____ Last	_____ First	_____ Middle	_____ Date of Birth	_____ Grade
_____ Last	_____ First	_____ Middle	_____ Date of Birth	_____ Grade
_____ Last	_____ First	_____ Middle	_____ Date of Birth	_____ Grade

Parent/Guardian's Name: _____ Phone: _____

I hereby give my consent to release all student records, **including all confidential information**, presently held by:

(Name and address of sending school)

and to have any and all records for the above named student(s) transferred to:

St. Thomas School, 540 Elizabeth Street, Ann Arbor, MI 48104

Signature of Parent/Guardian: _____

Date: _____

Please sign and submit this form to your child's current school.