



## 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.*