

**St. Vincent de Paul Catholic School**  
**152 Pinewood Ave.**  
**Seward, NE. 68434**  
**402-643-9525**

**Request for Transfer of Educational Records Between Schools**

Date \_\_\_\_\_

To \_\_\_\_\_  
Name of Previous School

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Re; Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

I hereby give permission for the release of all school records, including:

Transcript of Grades  
Test Results  
Health, Dental and Immunization Records  
Psychological Test Results  
Special Education Services

**Please forward these records to:**  
**St. Vincent de Paul Catholic School**  
**152 Pinewood Ave.**  
**Seward, NE. 68434**  
**Fax: 402-643-2594**

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_