



HOLY FAMILY SCHOOL
17 FORDHAM AVENUE
HICKSVILLE, NY 11801

Phone # (516) 938-3846 Fax # (516) 938-5041

TRANSFER OF STUDENT RECORDS REQUEST FORM

School: _____

Address: _____

City: _____ State _____ Zip: _____

THIS IS TO REQUEST *ACADEMIC* AND *MEDICAL* RECORDS PERTAINING TO:

My Child (print): _____

Recent Grade: _____

KINDLY FORWARD THIS INFORMATION TO THE PRINCIPAL OF HOLY FAMILY
SCHOOL AT THE ABOVE ADDRESS:

Parent/Guardian Signature: _____

Date: _____