



Divine Mercy Academy

Nikole Laubham
Interim Principal

245 Azalea Drive
Monroeville, PA 15146
(412) 372-7255
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REQUEST FOR RECORDS

Student Name _____

This is to certify that the above named student is enrolling at DIVINE MERCY ACADEMY.

Please forward the following records:

- Academic and Attendance Records
- Health and Medical Records
- Test scores to include standardized and scholastic aptitude
- Special Needs/Psychological information
- Discipline Records
- All other pertinent information

Parent/Guardian Signature _____

Date: _____

REQUEST SENT TO:

School Name _____

Address _____

Fax # _____

For Office Use Only:

Date request sent: _____ Date records received: _____

Academic _____ Health _____ Other _____