



LA SALLE HIGH SCHOOL

LASALLIAN EDUCATION
Transforming Lives Since 1680

Request for School Records

STUDENT NAME: _____
(Please Print: First - Middle - Last)

School Currently Attending/Transferring from:

Full Name of School: _____
(Please do not abbreviate)

Address of School: _____

City / State / Zip of School: _____

School Phone Number: (____) _____ Fax Number: (____) _____

I give my permission to have all school record files forwarded to La Salle High School including:

- **End of year report cards and transcripts**
- **State testing results and/or standardized test results**
- **504 Plans, Accommodation Plans, IEP's, Service Plans (ISP), psychological and educational evaluations, and/or multi-factored evaluations**
- **Immunization and medical records**
- **Attendance and discipline report**

_____ La Salle High School (fax) 513-741-2666

Parent Signature: _____

PARENTS - RETURN THIS FORM TO:

La Salle High School
Attn: Main Office
3091 North Bend Road
Cincinnati, OH 45239
513-741-3000