DIOCESE OF FRESNO REQUEST FOR STUDENT RECORDS

Date of R	lequest:				
Dear Prin	cipal,				
		ntive record and heal		cords for the studer	nt named
below. I	nank you for you	ır immediate cooper	ation.		
Mrs. Deb	orah Nettell				
Principal					
Our Lady	of Victory Cath	olic School			
Student's Last Name		First Name		Date of Birth	Grade
Present H	Iome Address			Father's Name	
City	State	Zip		Mother's Ma	iden Name
AUTHO	RIZATION: I a	authorize the transfer	r of my child's cum	ulative record and	
	munization recor		, , , , , , , , , , , , , , , , , , , ,		
From:					
	revious School	Address	City	State	Zip
То:	ORY	of Victory Catholic S 0205 phone • (559)			
		I have the right to in pying), and to challe	-		these
`	•		-		
 Date		Signature of Parent/Guardian			