

Request for Records

St. Michael's Episcopal School

_____ is applying for grade _____
Name of Student

at St. Michael's Episcopal School. Permission is granted for the release of all school records including the most recent report card, standardized test results, psychological testing records, immunization record and teacher/school recommendation.

School (Present):

Present Grade:

Street Address:

City:

State:

Zip:

Fax:

Date

Signature of Parent/Guardian

Please forward records of the above named student:

St. Michael's Episcopal School

2500 S. College Ave.

Bryan, Texas 77801

(979) 822-2715

Fax: (979) 823-4971