

SACRED HEART

Records Request Form



Dear Parent/Guardian,

In order to receive your child's cumulative file and/or other school records from previous school/s, we are required to obtain your written permission. Please complete the form below and return it to the Admissions Office (admissions@shschicago.org) at your earliest convenience. The School Office will request your child's records from their previous school. Thank you for your assistance!

Please release a copy of my child's cumulative file and/or other school records to Sacred Heart Schools in Chicago, Illinois.

Student's name: _____
(First, Middle, Last)

Previous School: _____
(Name of School)

(Address)

(City, State, Zip)

(Grade and Academic Year Student Last Attended School)

Parent Authorization*: _____
(Signature) (Date)

*I understand and agree that my electronic signature will have the same legal effect and validity as a written signature, and that this Form is valid and will be given the same legal effect as a written and signed Form. If I do not want to execute this Form by providing my electronic signature, I understand that I may print and sign a paper copy of this Form and forward it to Sacred Heart Schools.

Dear Previous School,

Please forward school records at your earliest convenience to shsso@shschicago.org. Thank you for your cooperation.

Please contact the School Office with any questions. (P: 773.262.4446 or E: shsso@shschicago.org)