



**RECORDS REQUEST  
TO BE SENT TO FORMER SCHOOL**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I am requesting records from the following school: \_\_\_\_\_

**School Address**

\_\_\_\_\_  
\_\_\_\_\_

The above-named student has registered at St. Francis of Assisi School, Litchfield, NH. Pursuant to the THE FEDERAL REGISTER, (June 17, 1976, Volume 41, Number 118, Page 24673-Family Education Rights) we are requesting all school records, including Special Education records where applicable, grades to date of withdrawal, health records and psychological reports in order to facilitate proper placement of the above named student.

**Please send all information to:**

School Secretary  
St. Francis of Assisi School  
9 St. Francis Way  
Litchfield, NH 03052

Thank you for your assistance.

The legal parent/guardian of the above-named child has authorized this request by their signature below.

Parent Name (print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9 St. Francis Way, Litchfield, NH 03052  
(603) 424-3312

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