



REQUEST FOR STUDENT RECORDS

Diocese of Oakland School Department,

We/I, the parents of _____

Hereby request a copy* of his/her school records. We/I understand that the copy will be available to be picked up mailed within 5 school days.

Parent name: _____

Parent signature: _____ Date: _____

Parent name: _____

Parent signature: _____ Date: _____

Mailing address: _____

Email address: _____

FOR OFFICE USE ONLY

Appointment date/time: _____

* Permanent Pupil Records are never given to parents, but will be forwarded to the school of their choice after completion of Appendix 6006 within 10 school days following the date the request is received.