



Junior Kindergarten through Eighth Grade

597 Central Avenue • Sunnyvale • California 94086
Phone 408-736-5534 • Fax 408-736-1034
www.stmartinsun.org

REQUEST FOR STUDENT RECORD TRANSFER

Regarding

Student's Name: _____

Birth Date: _____

To

School: _____

Address: _____

City, State Zip: _____

I, _____ the parent or legal guardian of the above named student, hereby authorizes the Principal of the above named school TO RELEASE SCHOOL RECORDS, including achievement, enrollment, health and developmental data and forward them to:

St. Martin School
597 Central Ave
Sunnyvale, CA 94086

I understand that the records are released only on the condition that the receiving school will not release these records without the written consent of the parent or legal guardian.

Signed: _____ Date: _____
(Parent or Legal Guardian)