

DIOCESE OF OAKLAND SCHOOL DEPARTMENT

PARENT REQUEST FOR COPY OF STUDENT RECORDS

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 five (5) school days.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

For Office Use Only:

Appointment Date and 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 ten (10) school days following the date the request is received.