



Catholic Diocese of Peoria

Spalding Pastoral Center

Attn: Office of Catholic Schools

419 N.E. Madison Avenue

Peoria, IL 61603

309.671.1550

Catholic Schools Record Request Form

From: _____

(Name, Title, Organization and address)

I hereby request a copy of the _____ of the official school records of:

(Name of Student while enrolled in school)

(Date of birth)

(Dates of Attendance)

At: _____

(Name of School)

_____, Illinois

(City)

I certify that I am _____

(Signature and title)

Check one as appropriate:

_____ Student himself/herself over 18 years of age

_____ The parent or legal guardian of the above mentioned student.

_____ An authorized official of another school system in which the student intends to enroll.

_____ An authorized representative of the Comptroller General of the United States.

_____ An authorized official of the financial institution to which the student applied to receive financial aid. The purpose of this request is to determine eligibility, amount of aid, conditions of aid award, and enforcement of award terms and conditions.

_____ An authorized official of an accrediting organization. I understand that release is allowed on the condition that only appropriate members of my organization views the records and resulting studies do not identify any particular student.

_____ An authorized representative of the Secretary of the U.S. Department of Education.

I agree that no unauthorized person or organization will have access to any records or information obtained through this request without the written permission of the parents of the student or the student.

Signature: _____ Date: _____

A \$10 fee, made payable to the Catholic Diocese of Peoria, is required for each request.

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For Official Use Only:

Request approved/denied by: _____