



Request for Student Records and Information

Student Name: _____

Date of Birth (mo/day/year): _____

Current Grade: _____

Student's Current School *(Records will be sent **from** this school **to** the Forwarding School/Institution below.)*

School Name: _____

Address: _____

City/State/Zip: _____

School Phone: _____ School Fax: _____

Forwarding School/Institution (Please Check)

Resurrection Elementary School 4320 Asbury Road, Dubuque, IA 52002 | P: (563) 583-9488 | F: (563) 557-7995

Our Lady of Guadalupe 2005 Kane St., Dubuque, IA 52001 | P: (563) 582-1198 | F: (563) 583-9775

St. Columbkille Elementary School 1198 Rush St., Dubuque, IA 52003 | P: (563) 582-3532 | F: (563) 583-4884

Mazzuchelli Catholic Middle School 2005 Kane St., Dubuque, IA 52001 | P: (563) 582-1198 | F: (563) 582-5428

Wahlert Catholic High School 2005 Kane St., Dubuque, IA 52001 | P: (563) 583-9771 | F: (563) 583-9775

Other: _____
School Name Street Address City State ZIP

Phone: _____ **Fax:** _____

The following information/documents will be sent to the following school:

- Progress Reports
- Report Cards/Transcripts
- Test Results
- Cumulative Folder
- Record of all Suspension or Expulsion
- All Special Education records, including most recent IEP
- Dental and Health Records

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Address: _____

City/State/Zip: _____ Date: _____

A parent/guardian signature is required in order to forward any student information to your student's new attendance center.