

STUDENT RECORDS REQUEST

School Name:			
Address:			
ATTN:		Date:	
Student Name		Current Grade	DOB
following records/in	above has applied as a transformation to allow us to academic transcript	nsfer student to Saint Ignatius High School process the application:	. We are requesting the
☐ Standard	ized testing results and/or	r other academic evaluations	
☐ School m	nedical records		
	od academic, disciplinary a YesNo	and financial standing with your school? If	no, please explain in the
Transcript/Records Released by:			
	Contact Name	Title	
	Contact Number/Email		

Please return this form along with the requested items to:

Saint Ignatius High School
1911 West 30th Street
Cleveland, OH 44113

ATTENTION: Principal's Office/Jayne Shepard