St. Michael the Archangel Academy
4790 Irvine Blvd. Suite 105-286, Irvine, CA 92620
E-mail: smacademy@aol.com
Phone 714-730-9114
Fax 951-674-2030

Request for Cumulative Record

To:____

School:____

Address:____

City and State:____________________________Zip:______________

In accordance with the Family Educational Rights and Privacy Act of 1984 and California State Law, I hereby authorize the release to St. Michael the Archangel Academy all school records; including grades, health records and any other developmental information regarding the below-named pupil:

Name of Pupil

____

Last Name First Name Middle Initial

Date of Birth

______/______/______

Month Day Year

Grade

____

I hereby release the records of the above named child.

______________________________________ ______________

Parent Signature, Date