

Catholic School Record Request

To: Catholic Diocese of Peoria
Archives Office
417 NE Monroe Ave
Peoria, IL 61603
Phone: (309)671-1572 Fax: (309)671-1570

From: _____

[Name, title, organization, address]

I hereby request a copy of the following part(s): _____ of the
official education records of: _____
(Name of student)

at: _____
(Name of school)

I certify that I am _____
(Signature & title)

Check one as appropriate:

- 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 conditions only appropriate members of my organization view 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:** _____

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For official use only:

Request approved/denied by: _____ Date: _____