



St. Michael the Archangel Academy

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Irvine, CA 92620

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Email: SMAcademy@aol.com

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