



## Faithful Shepherd Catholic School

### REQUEST FOR STUDENT RECORDS

**Name of student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
(Please print)

**Current school:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**School Email to send Records Request:** \_\_\_\_\_

**This student has applied for the \_\_\_\_\_ - \_\_\_\_\_ school year at:**

**Faithful Shepherd Catholic School**  
3355 Columbia Drive  
Eagan, MN 55121  
Phone: (651) 406-4747  
Fax: (651) 406-4743  
Email: schooloffice@fscsmn.org

**PLEASE FAX TO FAITHFUL SHEPHERD UPON RECEIPT:**

- Cumulative Records
- Health and Dental Records
- Academic/Psychological Assessments/Testing
- Other pertinent information
- All Special Education Files

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date