



SAINT VINCENT FERRER
ADMISSION DEPARTMENT
151 East 65th Street
New York, New York 10065

RELEASE OF RECORDS REQUEST

NAME & ADDRESS OF SCHOOL _____

PLEASE FORWARD ALL SCHOLASTIC/MEDICAL RECORDS, AND ANY OTHER PERTINENT DOCUMENTS TO:

SAINT VINCENT FERRER HIGH SCHOOL
151 EAST 65TH STREET
NEW YORK, NEW YORK 10065

STUDENT NAME: _____
Last First Middle

ADDRESS _____
Street City State Zip

TELEPHONE # _____

PERMISSION TO TRANSFER RECORDS IS GRANTED BY:

NAME OF PARENT/LEGAL GUARDIAN (*please print*) _____

sign above