

**WILLIAM V. FISHER  
CATHOLIC  
HIGH SCHOOL**

Date 1<sup>st</sup> Request: \_\_\_\_\_  
Date 2<sup>nd</sup> Request: \_\_\_\_\_  
Date 3<sup>rd</sup> Request: \_\_\_\_\_

1803 Granville Pike  
Lancaster, Ohio 43130  
[www.fishercatholic.org](http://www.fishercatholic.org)  
PHONE: 740-654-1231  
FAX: 740-654-1233

**REQUEST FOR STUDENT RECORDS**

**Parent Please Complete:**

Previous School: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Student's Full Name)

As the parent/legal guardian of \_\_\_\_\_ I authorize you to release  
the records requested to William V. Fisher Catholic High School.

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**For School Use Only:**

**ITEMS REQUESTED:**

_____ Student Grades	_____ OGT Results
_____ Health Records	_____ Test Records
_____ Attendance Records	_____ Evaluation Team Results (if applicable)
_____ Psychological Tests/ IEP/ 504 (if applicable)	
_____ Other:	

\_\_\_\_\_ We make this request because the above named student is transferring to this school.

\_\_\_\_\_ Other reason, if any: \_\_\_\_\_

**Please send records to:**

*MAIL:*  
William V. Fisher Catholic  
1803 Granville Pike  
Lancaster, Ohio 43130

-OR-

*FAX:*  
740-654-1233  
Attn: Sally Lozada