



AUTHORIZATION FOR TRANSFER OF SCHOOL RECORDS

Parents please complete this form and submit to the institution where student records are currently on file.

Name of School: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

I hereby authorize the transfer of all the records regarding the following student(s) to:

Del Rey Parochial Academy

Student's Name	Date of Birth

Name of Parent or Guardian

Signature of Parent or Guardian

Address

Date

City/State/Zip

Telephone Number

Please send Records to:
Del Rey Parochial Academy
8505 Saran Drive
Playa del Rey, CA 90293