



# OUR LADY OF LOURDES SCHOOL

44 Toomey Road, West Islip, New York 11795  
Phone 631.587.7200 Fax 631.587.4531

O | L | L

Date: \_\_\_\_\_

To: \_\_\_\_\_

(School)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)            (State)            (Zip)

I request that all records for \_\_\_\_\_ who is presently enrolled in Grade \_\_\_\_\_ be released to Our Lady of Lourdes School.

All records include:

- Health Records
- Academic Records with test results
- Psychological records and / or reports
- Results of any special testing

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Principal Signature