



USE THIS FORM IS FOR  
1<sup>st</sup> – 8<sup>th</sup> GRADE REGISTRATION  
ONLY

**REQUEST FOR RECORDS FROM PREVIOUS SCHOOL**

My child, \_\_\_\_\_, was previously enrolled in grade  
\_\_\_\_\_ at \_\_\_\_\_ School at this address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my permission for all school records, including grades, test results, attendance records, health records, and any guidance information which might be beneficial to be sent to:

Kathleen Bechdel, Principal  
Our Lady of Victory Catholic School  
800 Westerly Parkway  
State College, PA 16801

Signed: \_\_\_\_\_ Parent/Guardian

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

800 Westerly Parkway, State College, PA 16801

Phone: 814-238-1592 | Fax: 814-238.4553 | [www.olvcs.org](http://www.olvcs.org)