

# GOOD COUNSEL ACADEMY ELEMENTARY

## Request for Records

*Parents: Please complete and forward to school that student is currently enrolled.*

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

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

*(Current School Name)*

Please forward all academic, psychological and medical transcripts for:

\_\_\_\_\_  
*(Student' Full Name)*

I hereby give permission to release the above information to:

**Good Counsel Academy Elementary  
2 Broadway  
Valhalla, NY 10595  
Attention: Admissions**

Parent/Guardian's Signature: \_\_\_\_\_  
Parent/ Guardian's Name (Print): \_\_\_\_\_



**GOOD COUNSEL ACADEMY ELEMENTARY**

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