

St. Augustine Indian Mission School
1 Mission Road South – PO Box 766
Winnebago, NE 68071
School: 402.878.2291; FAX: 402.878.2760
Mission Office: 402.878.2402



REQUEST FOR TRANSCRIPTS

NOTE: This will be used for future dates also.

Student's Name _____

Date of Birth _____ **Current Grade** _____

Name of Previous School _____

School Address/Box Number _____

School City/State _____ **Zip** _____

I hereby authorize you to release to St. Augustine Indian Mission School the following information of _____.

Student's Name

- _____ **Academic Testing Scores**
- _____ **Attendance and Academic Records**
- _____ **Health/Immunization Records**
- _____ **Individual Education / Special Services Records**
- _____ **Psychological Reports**
- _____ **IEP Records**

Signature Parent/Guardian's Name **Contact #** _____

Print Parent/Guardian's Name

Address

City _____ **State** _____ **Zip** _____