

DUPLICATE CORRESPONDENCE REQUEST FORM

**Assumption B.V.M. School
109 E Pulaski Street
Pulaski, WI 54162
822-5650**

For students that have more than one address, please complete this Duplicate Correspondence Request Form. The parent/guardian with custody rights will need to approve duplicate correspondence in writing at the beginning of each school year. *Correspondence requests will be honored to the best of our ability.*

Student's Name: _____ Grade: _____

Parent/Guardian with Custody Rights:

Name: _____

Address: _____

Telephone #: _____

Person to Whom Duplicate Correspondence is to be Sent:

Name: _____

Address: _____

Telephone #: _____

I hereby certify that I am the parent/guardian with custodial rights of the above named student and that I have the right of access to the school records of the above named student.

Parent/Guardian's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____