

# TRANSFER OF RECORDS FORM

OUR LADY OF GOOD COUNSEL SCHOOL, LLC

6533 Bear Creek Road

Sterrett, AL 35147

205-672-7947

I hereby authorize and request \_\_\_\_\_  
to transfer complete academic records for the student named below to  
Our Lady of Good Counsel School, LLC.

Student's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date