

# DUPLICATE CORRESPONDENCE REQUEST FORM

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

For students who 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: \_\_\_\_\_