

## Carlow Campus School

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

Dear School Nurse,

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

has enrolled in a school served by the Pittsburgh Public School District. To date, I have not received medical records for this student. Please send the original health record as soon as possible.

Thank you for your help in this matter. If you do not have these records or they have been forwarded elsewhere, please let me know.

Sincerely,

Michele Cherry Med, BSN, RN, CSN  
Campus Lab School at Carlow University  
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Pittsburgh, PA 15213  
Email. [Mcherry1@pghschools.org](mailto:Mcherry1@pghschools.org)