

REQUEST FOR TRANSFER OF STUDENT RECORDS

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I request the release of available school records concerning:

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Grade

These should include grades, attendance, report card, health chart, immunization cards, special education materials (IEP Folder), counseling, psychological or any other evaluations that are a part of the school records. Also send any notification of suspension or expulsions from school.

Signed: \_\_\_\_\_

Parent/Guardian

\_\_\_\_\_  
Parent Address

\_\_\_\_\_  
City, State Zip

Approved: May 8, 1995

Reviewed: April 9, 2012

Revised: