



Request for Records Transfer

Student Name: _____

Grade: _____

Last 4 digits of Social Security number: _____

Date of birth: _____

Please send my child's records to:

School to receive student records: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Name of person requesting the transfer: _____

Relationship to student: _____

Signature: _____

Date of request: _____

Phone number: _____

Office use only

Mailed: _____ **Faxed:** _____ **Emailed:** _____

Released to: _____

Date request completed: _____