

Request for Transfer of Educational Records

Date:		-		
Previous S	chool:			
Address: _				
	(Street or P.O. Box)	(City)	(State)	(Zip)
Name of Student(s)			Grade Entering	
	named students have enr dent educational records		ndent above to the ac School	
Thank you				
Parent's Si	gnature			
School Ad	ministrator's Signature			

A school district in which a student enrolls may request student records from a school the student last attended without a parent signature of approval. See "Privacy Act", Section 438, Subsection (b)(1), Parts A&B, Page 97, as amended in 1976. 20 U.S.C.