

REQUEST FOR TRANSFER OF STUDENT RECORDS

TO: _____ (School)
_____ (Address)
_____ (City/State/Zip)

We request that you send the following records:

All Records

ONLY those records as checked below:

- Grade transcript or report card
- Mental ability test results
- Achievement test results
- Health records
- Clinical test results

Other: _____

STUDENT NAME:

Last	First	Middle
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SEND TO:

School Name _____

Street Address _____

City, State, Zip _____

AUTHORIZED BY:

_____ Student _____ Date

_____ Parent Guardian _____ Date