

TRANSFER OF SCHOOL RECORDS

The School where records/confidential information are presently on file:

School: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

The Federal Family Rights and Privacy Act of 1974 and the California Law (Ed. Code 49068) do not require the school forwarding pupil records to obtain parent permission to release the records. Please forward all cumulative records, Special Education records, health records and other pertinent information for the student(s) listed below who have now enrolled in our school.

Thank you

_____	_____	_____
Student Name	Birth date	Grade

_____	_____	_____
Student Name	Birth date	Grade

_____	_____	_____
Student Name	Birth date	Grade

SEND TO: School: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Date: _____

 Authorized Requesting School Signature