

### Student transfer & record request Form

<b>Full Name of Student (Please Print):</b>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>	<b>Parent/Guardian Name, if student is younger than 19 years of age (Please Print):</b>  
<b>Student Date of Birth:</b>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	<b>Phone Number:</b>  <b>Email address:</b>  
<b>Current Address:</b>  	<b>Mailing Address (if different from current address):</b>  
<b>Last school attended</b>  <hr/>	
<b>Previous school's address &amp; phone number</b> _____  <b>Last grade attended:</b> _____ <b>Last year attended:</b> _____  <b>Graduated from school:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please provide detail on type of information requested: Please release records</b>  <input type="checkbox"/> Copy of complete file including any confidential records & assessments if applicable <input type="checkbox"/> Other  <b>Details:</b> _____	
<b>Please complete this section if you wish to have the information released to a specific individual or entity.</b> <input type="checkbox"/> Release this information to:	
<b>Name of Person (Please Print):</b>  	<b>Mailing Address:</b>  
<b>Agency (if applicable):</b>  	
<b>Phone Number:</b>  	
<b>Fax Number (if applicable):</b>  	
<b>Signature (Student or Parent/Guardian):</b> _____  <b>Date:</b> _____	

**NLESD**