

To Be Turned into the Office with Application



REQUEST FOR TRANSFER OF RECORDS

To: Releasing School or Agency _____

Address _____

Re: Student Name _____ Date of Birth _____ Grade _____

Requesting: All Records

(including preschool and kindergarten if available)

Permanent Records

(basic identification date, transcripts, standardized test scores, activities, awards, attendance)

Health

(all health information – immunization records, etc.)

Administrative Records

(recommendations, correspondence, disciplinary actions)

Professional Records

(psychologist's report, etc.)

Other

(special education, special programs, etc.)

I authorize the release of those records checked above to Silverwood School.

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act (FERPA) of 1974 and understand that I have the right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent/Guardian Signature

Date