Form 23

Request for Transfer of Student Records

We request that you send the following records:

	All records
	Grade transcript or report card
	Mental ability test results
	Achievement test results
	Health records
	Clinical test results
	Other:

STUDENT NAME:

_____

Last First Middle

SEND TO:

School: _____

Address: _____

_____

AUTHORIZED BY:

_____ _____

Student Date

_____ _____

Parent/Guardian Date